FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Carroll Michael W</u>						2. Issuer Name and Ticker or Trading Symbol SCRIPPS E W CO /DE [SSP]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director							
(Last) (First) (Middle) L						3. Date of Earliest Transaction (Month/Day/Year) 04/05/2007									Officer (give title below) Assistant Treasurer				specify		
(Street) CINCINNATI OH 45202				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting								
(City) (State) (Zip)															Person						
		Tab	le I - No	n-Deri	vative	Sec	curiti	es Ac	quired,	Dis	posed o	of, or Bo	enefic	ially	Owne	t					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)				Execution Date,		Transaction Disposed O Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 a		and 5) Securit Benefic Owned		es ially Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	unt (A) or Pr		Reported Transaction (Instr. 3 and		tion(s)			(Instr. 4)		
Class A C share	Common Sh	ares, \$.01 par va	alue per	04/05	5/2007	2007					111.62	252 A \$		10.21	4,993.0569		.0569 D				
Common Voting Shares, \$.01 par value per share															0		D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,		Transaction Code (Instr.		ı of E		6. Date Exercisabl Expiration Date (Month/Day/Year)		nd 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		De Se (In	perivative security snstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numb of Share	er							
Option	\$23.61								01/15/199	9 0	1/14/2008	Class A Common	5,20	00		10		D			
Option	\$23.655								01/19/200	0 0	1/18/2009	Class A Common	5,20	00		10		D			
Option	\$24.5								01/24/200	1 0	1/23/2010	Class A Common	4,20	00		10		D			
Option	\$32.125								01/25/200	2 0	1/24/2011	Class A Common	6,00	00		10		D			
Option	\$37.555								02/20/200	3 0	2/19/2012	Class A Common	6,00	00		10		D			
Option	\$39.985								02/26/200	0	2/25/2013	Class A Common	6,00	00		10		D			
Option	\$49.15								02/25/200	5 0	2/24/2014	Class A Common	5,00	00		10		D			
Option	\$46.46								02/15/200	6 0	2/09/2013	Class A Common	5,00	00		10		D			
Option	\$48.91								02/22/200	7 0	2/21/2014	Class A Common	5,00	00		10		D			
Option	\$48.82								02/22/200	8 0	2/21/2015	Class A Common	3,00	00		10		D			

Remarks:

/s/Mary Denise Kuprionis, Attorney-in-fact for Michael W. Carroll

04/10/2007

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.	