FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

027	
OMB Number:	3235-0287
Estimated aver	age burden

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

Director

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

1. Name and Address of Reporting Person*

LOWE KENNETH W

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

2. Issuer Name and Ticker or Trading Symbol

SCRIPPS E W CO /DE [SSP]

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

10% Owner

(Last) 312 WAI		3. Date of Earliest Transaction (Month/Day/Year) 12/29/2006									2		Officer (give title below) President & CEO							
(Street)			45202		4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In Line							
(City)	(5		(Zip)	Dorive) htive		ouriti	ios A		uirod	Dici	nocod	of o	r Pon	oficiall	v Ownor	<u> </u>			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amou Securitie Benefici Owned F Reporte	5. Amount of Securities Beneficially Owned Following Reported		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amoun		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			
Class A C share	Common Sh	ares, \$.01 par va	alue per	12/29/2006						F		7,009		D	\$50.20	5 9,	658	D		
Class A Common Shares, \$.01 par value per share			alue per	12/29/2006						F		13,968		D	\$50.20	5 23	,690		D	
Class A Common Shares, \$.01 par value per share			alue per													160),115		D	
Class A Common Shares, \$.01 par value per share			alue per												147	147,690		T I	Wife's Trust	
Common Voting Shares, \$.01 par value per share															0		D			
		-	Table II - I	Derivat e.g., pı												Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date, Ti	ransad ode (I	5. Number 6				ate Exer iration I nth/Day	ate	able and 7. Title and 7. of Securities		curities erlying vative Se	curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	ode	v	(A)	(D)	Date Exe	e rcisable		piration te	Title	OI N	mount umber Shares					
Option	\$24.5								01/	24/2001	01/	/23/2010	Clas		20,000		10		D	
Option	\$26.395								10/	01/2001	09/	/30/2010	Clas Com		20,000		10		D	
Option	\$32.125								01/	25/2002	01/	/24/2011	Clas Com		00,000		10		D	
Option	\$37.555								02/	20/2003	02/	/19/2012	Clas		50,000		10		D	
Option	\$39.985								02/	26/2004	02/	/25/2013	Clas Com		50,000		10		D	
Option	\$48.71								03/	23/2005	03/	/22/2014	Clas Com		87,500		10		D	
Restricted Share Units	(1)									(1)		(1)	Clas Com		0,000		10		D	
Option	\$46.46								02/	15/2006	02/	/09/2013	Clas Com		25,000		10		D	
Option	\$48.98			\perp				Ш	02/	23/2007	02/	/22/2014	Clas	mon 1	25,000		10		D	
Option	\$48.98								12/	31/2006	02/	/22/2014	Clas Com		25,000		10		D	
Explanatio	n of Respons	ses:																		

person.

Remarks:

/s/ M. Denise Kuprionis,

Attorney-in-fact for Kenneth 01/04/2007

W. Lowe

** 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.