FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHI

ı	UMB APPRO	IVIB APPROVAL							
	OMB Number:	3235-0287							
	Estimated average burde	en							
l	hours per response:	0.5							

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*  Symson Adam					2. Issuer Name and Ticker or Trading Symbol E.W. SCRIPPS Co [ SSP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) (First) (Middle) 312 WALNUT STREET 28TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 05/26/2015									X Officer (give title Other (specify below) SVP/Digital					
(Street)	NATI C	Н	45202		_   4.	If Am	endment,	Date o	of Original	Filed	(Month/Da	ay/Year)	6. Lin	e) <mark>X</mark> Form	filed by On	e Repo	(Check Apporting Person	ı
(City)	(5	State)	(Zip)															
		Tal	ole I - Noi	n-Deri	vativ	e Se	curitie	s Ac	quired,	Disp	osed o	of, or Be	neficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				2A. Deemed Execution Date if any (Month/Day/Ye			e, Transaction Disposed Code (Instr. 5)			rities Acquired (A) or ed Of (D) (Instr. 3, 4 au				6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of ndirect Beneficial Ownership		
									Code	v	Amount	(A) o	Price	Transa (Instr. 3	ction(s)			Instr. 4)
Class A Common Shares, \$.01 par value per share												12,604.84			D			
Common Voting Shares, \$.01 par value per share													0		D			
			Table II -									, or Ben ble secu		Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution (Month/Day/Year)  33. Deeme Execution if any (Month/Day		Date,	4. Transa Code ( 8)				6. Date Exercisa Expiration Date (Month/Day/Year			of Securit Underlyin Derivative	<ol> <li>Title and Amount of Securities Inderlying Derivative Security Instr. 3 and 4)</li> </ol>		9. Number derivative Securities Beneficia Owned Following Reported Transact (Instr. 4)	e es ally g	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	Amount or Number of Shares					
Restricted Stock Units	(1)	05/26/2015			J		17,323		03/09/201	6 03	3/09/2018	Restricted Stock Units	17,323	\$23.09	17,323	3 <sup>(1)</sup>	D	
Restricted Stock Units	(2)								03/09/201	4 0:	3/09/2017	Restricted Stock Units	10,588		10,588	3(3)	D	
Restricted Stock Units	(4)								03/09/201	5 0	3/09/2018	Restricted Stock Units	9,574		9,574	(3)	D	

## **Explanation of Responses:**

- 1. This restricted stock unit award will vest in equal parts in 2016, 2017, 2018 and 2019. Upon vesting, each restricted stock unit will convert into one Class A Common Share of the Company.
- 2. This restricted stock unit award will vest in equal parts in 2016 and 2017. Upon vesting, each restricted stock unit will convert into one Class A Common Share of the Company.
- 3. Additional restricted stock units were allocated to the reporting person's account on account of the spin-off of the issuer's newspaper business on April 1, 2015.
- 4. This restricted stock unit award will vest in equal parts in 2016, 2017 and 2018. Upon vesting, each restricted stock unit will convert into one Class A Common Share of the Company.

## Remarks:

/s/ William Appleton, Attorneyin-fact for Adam P. Symson

\*\* 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.