## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Instruc	tion 1(b).			File								es Excha Ipany Ad			34					ponse.	0.5		
1. Name and Address of Reporting Person* GALLOWAY DAVID A						2. Issuer Name and Ticker or Trading Symbol <u>SCRIPPS E W CO /DE</u> [ SSP ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) 312 WAI	•	(First) (Middle) UT STREET, 28TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 03/30/2007											Officer (give title Other (specify below) below)					
(Street) CINCIN		DH	. 4. 1	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 Person								
(City)	(5	State)	(Zip)	. Dori				iee (		incel	Diar		<u></u>	Dan	oficial								
Table I - Non-Deriva   1. Title of Security (Instr. 3) 2. Transa Date (Month/E)				sactior	n	2A. Deemed Execution Date, if any (Month/Day/Yea		ite,	te, 3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			(A) or	r 5. Amou and Securiti Benefic Owned		s Ily ollowing	Form	Direct	7. Nature of Indirect Beneficial Ownership			
									ľ	Code	v	Amoun		(A) or (D)	Price	Reported Transacti (Instr. 3 a		on(s)			(Instr. 4)		
Class A Common Shares, \$.01 par value per share																	2,000			D			
Common Voting Shares, \$.01 par value per share																	0			D			
			Table II -	Deriva (e.g., p												Owr	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code ( 3)				6. Date Exercis Expiration Date (Month/Day/Yea		ate	e and	7. Title and Amou of Securities Underlying Deriva Security (Instr. 3 a 4)		erivative			9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e Owners s Form: ally Direct ( or Indir g (I) (Inst		Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable	Exp Dat	iration e	Title	Nu	nount or Imber of lares								
Option	\$38.805								11/2	1/2003	11/2	20/2012	Class Comm		5,000			6		D			
Phantom Stock	\$44.68	03/30/2007			J		1			(1)		(1)	Class Comm		L7.65 <sup>(1)</sup>	(	(1)	6		D			
Option	\$39.82								04/2	9/2004	04/2	28/2013	Class Comm		0,000			6		D			
Option	<b>\$52.9</b> 1								04/1	5/2005	04/1	14/2014	Class Comm		0,000			6		D			
Option	\$51.26								04/1	4/2006	<b>04/</b> 1	13/2015	Class Comm		0,000			6		D			
Option	\$46.64								05/0	04/2007	05/0	)3/2016	Class Comm		0,000			6		D			

## Explanation of Responses:

1. Pursuant to the company's 1997 Deferred Compensation and Stock Plan for Directors, directors may defer fees into a phantom stock fund. Under this plan, fees are converted quarterly into phantom shares at the fair market value of the company's Class A Common shares on the last trading day of each quarter. Upon retirement as a director, the balance may be paid in either shares or cash. The balance at 3/30/07 was 5,924.42 phantom shares.

## **Remarks:**

<u>/s/ M. Denise Kuprionis,</u>

Attorney-in-fact for David A. 04/02/2007 Galloway

\*\* 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.