SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	nue. See		ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940														0.5			
1. Name and Address of Reporting Person [*] GARDNER PAUL F							2. Issuer Name and Ticker or Trading Symbol <u>SCRIPPS E W CO /DE</u> [SSP]										ationship o k all applic Director	able)	g Person(s) to Issu 10% Ow		
(Last) (First) (Middle) 312 WALNUT STREET, 28TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 03/23/2004										Х	Officer below)	(give title <mark>Seni</mark>	or VI	Other (below)	specify
(Street) CINCINNATI OH 4520					4.	If Ame	Line) X Form filed										ed by One	nt/Group Filing (Check Applicable d by One Reporting Person d by More than One Reporting			
(City)	(5	State)	(Zip)																		
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D)					nsactio	n	2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Transaction Di Code (Instr. 5)		4. Secu	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Ame 4 and Securi Benefi		s Ily ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
											v	Amount	:	(A) or (D)	Pric	e	Transaction(s) (Instr. 3 and 4)				(
Class A Common Shares, \$.01 par value per share 03/23/						2004				А		3,410		Α	(1)	3,410 ⁽¹⁾		D		
Class A Common Shares, \$.01 par value per share																6,235				Wife's trust	
Class A Common Shares, \$.01 par value per share																7,788		D			
Common Voting Shares, \$.01 par value per share																0			D		
			Table II -														wned			1	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	l Date,	4. Transa Code (8)	action	5. Number of		6. Da Expi	ts, options, c 6. Date Exercisab Expiration Date (Month/Day/Year)		e and 7. Title of Secu Underly Derivat		le and Amount curities		t E	3. Price of Derivative Security Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisable	Ex Da	piration te	Title	I	Amou or Numb of Share	er					
Option	\$34.5								01/:	10/1998	01	/09/2007		ass A nmon	25,0	00		8		D	
Option	\$47.22								01/:	15/1999	01	/14/2008		nss A nmon	30,0	00		8		D	
Option	\$47.31								01/:	19/2000	01	/18/2009		nss A nmon	35,0	00		8		D	
Option	\$49								01/2	24/2001	01	/23/2010		nss A nmon	35,0	00		8		D	
Option	\$64.25								01/2	25/2002	01	/24/2011		ass A mmon	35,0	00		8		D	
Option	\$75.11								02/2	20/2003	02	/19/2012		nss A nmon	35,0	00		8		D	
Option	\$79.97								02/2	26/2004	02	/25/2013		ass A nmon	25,0	00		8		D	
Option	\$97.42	03/23/2004		I	Α		1		03/23	3/2005 ⁽²⁾	03	/22/2014		nss A nmon	30,0	00	(3)	8		D	

Explanation of Responses:

1. This is a restricted share award, which is time vested in equal installments on 3/23/05, 3/23/06 and 3/23/07.

2. This option is exercisable in three equal installments on 3/23/05, 3/23/06 and 3/23/07.

3. The exercise price of this nonqualified stock option award granted under the company's Long-Term Incentive Plan is \$97.42.

Remarks:

/s/ M. Denise Kuprionis, Attorney-in-fact for Paul F. Gardner ** Signature of Reporting Person

03/25/2004

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.