## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiiiiiqtuii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vasimigtor	i, D.O. 20040	

OMR APP	ROVAL
OMB Number:	3235-0287
Estimated average I	ourden
hours per respense	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

					O.	Ocol	.011 00(1	1) 01 11		Comment	0011	ipariy 7 tot	01 10-0								
1. Name and Address of Reporting Person*  STAUTBERG TIMOTHY E					Scripps E w CO /DE [ SSP ]  3. Date of Earliest Transaction (Month/Day/Year) 02/22/2007									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director							
(Last) (First) (Middle) 312 WALNUT STREET, 28TH FLOOR															X	X Officer (give title Other (specify below)  VP/Comm & IR				вреспу 	
(Street) CINCINNATI OH 45202					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)												Person						
		Tab	le I - Nor	ı-Deriv	/ative	e Se	curiti	ies A	cqu	uired, [	Disp	osed o	f, or B	enef	icially	/ Owned	l				
			2. Transaction Date (Month/Day/Year			2A. Deemed Execution Date if any (Month/Day/Yea		.	Code (Inst						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	Amount (A) or (D)		rice	Transact (Instr. 3 a	tion(s)			(Instr. 4)	
Class A (share	Common Sh	nares, \$.01 par va	alue per													10,625		D			
Class A C	Common Sh	ares, \$.01 par va	alue per													160		0 1		By wife	
Common Voting Shares, \$.01 par value per share																0			D		
		7	- Table II  -									sed of, onvertil				Owned					
Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	ed 4. Date, Transactio Code (Insti			on of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 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)	Dat Exe	e ercisable		xpiration ate	Title	or Nui of	ount mber ures						
Option	\$23.655								01	/19/2000	0:	1/18/2009	Class A Common	I 0.	400		9		D		
Option	\$24.5								01	./24/2001	0:	1/23/2010	Class A Common		000		9		D		
Option	\$32.125								01	./25/2002	0:	1/24/2011	Class A Common		000		9		D		
Option	\$37.555								02	2/20/2003	02	2/19/2012	Class A Common	30	,000		9		D		
Option	\$39.985								02	2/26/2004	02	2/25/2013	Class A Common		,000		9		D		
Option	\$48.71								03	3/23/2005	03	3/22/2014	Class A Common		,500		9		D		
Option	\$46.46								02	2/15/2006	02	2/09/2013	Class A Common		,000		9		D		
Option	\$48.91								02	2/22/2007	02	2/21/2014	Class A Common		,000		9		D		
Option	\$48.82	02/22/2007			A		1		02/2	22/2008 <sup>(1</sup>	02	2/21/2015	Class A	15	,000	(2)	9		D		

## **Explanation of Responses:**

- 1. This option is exercisable in equal installments on 2/22/08, 2/22/09 and 2/22/10.
- 2. The exercise price of this nonqualified stock option award granted under the company's Long-Term Incentive Plan is \$48.82.

## Remarks:

/s/ M. Denise Kuprionis, Attorney-in-fact for Timothy E. 02/26/2007

<sup>\*\*</sup> Signature of Reporting Person Date

- $^{\star}$  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.