FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

ı	OMB APPROVAL									
I	OMB Number:	3235-0287								
	Estimated average burde	en								
	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 [*] <u>LOWE KENNETH W</u>							2. Issuer Name and Ticker or Trading Symbol SCRIPPS E W CO /DE [SSP]									5. Relationship of Reporting Person(s) to Issue Check all applicable) X Director 10% Own						
(Last) 312 WA	•	First) REET, 28TH FLC		Date 0		est Trar	nsaction (M	onth/I	Day/Year)	X	Officer below)	(give title Presiden	nt & (Other (s below) CEO	pecify							
(Street) CINCINNATI OH 45202							4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicatione) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(:	State)	(Zip)												Person	1						
			ole I - No	1					_	Dis												
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					2. Transaction Date (Month/Day/Yea		Execution Date,		Code (Instr		4. Secur Dispose	rities Acqu	ired (A) o	and 5) Securit Benefic		ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pric	е	Transact (Instr. 3 a							
Class A Common Shares, \$.01 par value per share				04/15/2004		4			F		3,76	0 [\$10)5.82	8,792		D					
Class A Common Shares, \$.01 par value per share			04/15/2004					F		4,73	34 D		05.82	11,070		70 D						
Class A (share	Common S	hares, \$.01 par va	alue per												73,	,845		1 1	Wife's trust			
Class A (share	Common S	hares, \$.01 par va	alue per												197	7,722		D				
Common Voting Shares, \$.01 par value per share																0		D				
			Table II -						quired, D s, optior						wned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) if any (Month/Day Security (Month		Date, Transactio Code (Inst			on of		6. Date Exercisal Expiration Date (Month/Day/Year)		of Se Unde Deriv		of Securities Underlying		b. Price of Derivative Security Instr. 5) Securiti Benefici Owned Followin Reporter Transac (Instr. 4)		es Ownersl Form: Direct (Dor Indirect) g (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable		piration	Title	Amour or Number of Shar	er								
Option	\$18.76				Couc		(7)	(5)	12/09/1995	+	/09/2004	Class A Common	40.50	\dashv		9		D				
Option	\$34.5							П	01/10/1998	01	/09/2007	Class A Common	23.50	00		9		D				
Option	\$47.22								01/15/1999	01	/14/2008	Class A Common	30,00	00		9		D				
Option	\$49							П	01/24/2001	01	/23/2010	Clas A Common	60,00	00		9		D				
Option	\$52.79								10/01/2001	09	/30/2010	Class A Common	60,00	00		9		D				
Option	\$64.25								01/25/2002	01	/24/2011	Class A Common	100,0	00		9		D				
Option	\$75.11								02/20/2003	02	/19/2012	Class A Common	125,0	00		9		D				
Option	\$79.97								02/26/2004	02	/25/2013	Class A Common	125,0	00		9		D				
Option	\$97.42								03/23/2005	03	/22/2014	Class A Common	93,75	50		9		D				
	,,,,,,																					

Explanation of Responses:

Remarks:

** 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.