FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL				
l	OMB Number:	3235-0287				
l	Estimated average burd	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

Name and Address of Reporting Person*      Carson Robert A							2. Issuer Name and Ticker or Trading Symbol E.W. SCRIPPS Co [ SSP ]									eck all appli Direct	or		10% Ov	vner		
(Last) (First) (Middle) 312 WALNUT STREET 28TH FLOOR							3. Date of Earliest Transaction (Month/Day/Year) 03/19/2019										X Officer (give title Other (specify below) below)  VP & Chief Information Officer					
(Street) CINCINNATI OH 45202					4. If Amendment, Date of Original Filed (Month/Day/Year)										Line	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)	(S	tate)	(Zip)											1								
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Ad	cquir	red, [	Disp	osed o	of, or	Bene	ficiall	y Owned	t					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ar)   E	2A. Deem Execution f any Month/D	Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and	Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						c	Code	v	Amount		A) or D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)					
Class A C	Common Sh												56	56,207		D						
Common Voting Shares, \$.01 par value per share																	0		D			
		٦	Table II - I	Derivat e.g., pı												Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, T	Transaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Yea		ate		7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				c	ode	v	(A)	(D)	Date Exerc	cisable		piration te	Title	or No of	umber							
Restricted Stock Units	(1)	03/19/2019			J		3,890		03/03	1/2020	03/	/01/2022	Restri Stoo Uni	k 3	3,890	\$0.00	3,890 <sup>(3</sup>	1)	D			
Restricted Stock Units	(2)								03/01	1/2018	03/	/01/2020	Restric Stoo Uni	k 1	,983		1,983 <sup>(3</sup>	2)	D			
Restricted Stock	(3)								03/03	1/2019	03,	/01/2021	Restri	k 6	5,655		6,655 <sup>(3</sup>	3)	D			

## **Explanation of Responses:**

- 1. This restricted stock unit award will vest in equal parts in 2020, 2021 and 2022. 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 2019 and 2020. Upon vesting, each restricted stock unit will convert into one Class A Common Share of the Company.
- 3. This restricted stock unit award will vest in equal parts in 2019, 2020, and 2021. Upon vesting, each restricted stock unit will convert into one Class A Common Share of the Company.

## Remarks:

/s/ William Appleton,
Attorney-in-fact for Robert A. 03/21/2019
Carson

\*\* 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.