FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 an | | 2. Issuer Name and Ticker or Trading Symbol SCRIPPS E W CO /DE [SSP] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | |
|---|---|---|---|--|------------------------------|---|---------|--|---|--------------|----------|---|--|---|--------------------|--|---|---------------|--|--|--|--|
| SAGA | ٦ | | | | | | | | | | | X Direct | or | | 10% Ov | vner | | | | | | |
| (Last) (First) (Middle) 312 WALNUT ST., 28TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2008 | | | | | | | | | | Officer (give title Other (below) below) | | | | specify | | |
| - | | | _ 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) | et) CINNATI OH 45202 | | | | | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | Person | | | | | |
| | | Tab | le I - Nor | ı-Deri | vative | Se | curiti | es A | cquire | d, D | isp | osed o | of, or | Bene | ficial | y Owne | d | | | | | |
| 1. Title of Security (Instr. 3) 2. Transi Date | | | | | | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | (A) or 3, 4 and | Benefic | ies ially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Co | de | <i>,</i> | Amount | () | A) or D) | Price | Transac (Instr. 3 | ction(s) | | | (111511.4) | | |
| Class A C share | Common Sh | | | | | | | | | | | | | 0 | | D | | | | | | |
| Common share | Voting Sha | | | | | | | | | | | 0 | | D | | | | | | | | |
| | | Т | able II - I | | | | | | | | | sed of onverti | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | ı of | | 6. Date Exercisal Expiration Date (Month/Day/Year | | ate | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | Date Exercis | | | piration te | Title | Amoun or Numbe of Shares | | | | | | | | |
| Option | \$43.06 | | | | | | | | 08/29/2 | 2004 | 08/ | 28/2013 | Class . Comm | | ,000 | | 6 | | D | | | |
| Option | \$52.91 | | | | | | | | 04/15/2 | 2005 | 04/ | 14/2014 | Class . | |),000 | | 6 | | D | | | |
| Option | \$51.26 | | | | | | | | 04/14/2 | 2006 | 04/ | 13/2015 | Class . | A 10 |),000 | | 6 | | D | | | |
| Option | \$46.64 | | | | | | | | 05/04/2 | 2007 | 05/ | 03/2016 | Class . | |),000 | | 6 | | D | | | |
| Option | \$43.28 | | | | | | | | 04/26/2 | 2008 | 04/ | 25/2017 | Class . | |),000 | | 6 | | D | | | |
| Option | \$46.49 | 06/13/2008 | | | A | | 1 | | 06/13/2 | 2009 | 06/ | 12/2018 | Class | A 10 | 0,000 | (1) | 6 | | D | | | |

Explanation of Responses:

1. The exercise price of this nonqualified stock option award granted under the company's 1997 Long-Term Incentive Plan is \$46.49.

Remarks:

/s/ M. Denise Kuprionis,

06/16/2008 Attorney-in-fact for Jeffrey

<u>Sagansky</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).