FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 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

STAUTBERG (Last)		*				Name :	and Ti	cker or Tra	dina S	vmhol			E D0	ationshin	of Reportin	n Per	eon(e) to le	cuer	
	1. Name and Address of Reporting Person* STAUTBERG TIMOTHY E				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) Director 10% Owner Officer (give title Other (specify					
(Last) (First) (Middle) 312 WALNUT STREET, 28TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 02/15/2008									X Officer (give title Offier (specify below) VP/Comm & IR					
(Street) CINCINNATI	· ·			4. If	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)	(State)	(Zip)												Person					
	Tab	le I - Noi	n-Deriv	ative	Sec	uriti	es Ad	cquired,	Dis	osed o	of, or B	enefi	cially	Owned	l l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ur) E	2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disp Code (Instr. 5)		Dispose	ecurities Acquired (A) losed Of (D) (Instr. 3, 4			5. Amou Securiti Benefici Owned Reporte	es 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 Pr	ice	Transac (Instr. 3	tion(s)			(
Class A Common Shares, \$.01 par value per share 02/15/2					2008			F		832	D \$4		42.71	13,248		D			
Class A Common Shares, \$.01 par value per share														1	160		I	By wife	
Common Voting Shares, \$.01 par value per share														0		D			
	٦	Γable II -						juired, D s, optior						Owned					
1. Title of Derivative Security (Instr. 3) Price of Derivativy Security	se (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security		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)	Date Exercisabl		piration ate	Title	Amo or Num of Shar	ber						
Option \$23.655								01/19/200	01	/18/2009	Class A Common	. 1 8,4	00		9		D		
Option \$24.5								01/24/200	1 01	/23/2010	Class A Common		00		9		D		
Option \$32.125								01/25/200	2 01	/24/2011	Class A Common		00		9		D		
Option \$37.555								02/20/200	3 02	/19/2012	Class A Common		000		9		D		
Option \$39.985								02/26/200	4 02	/25/2013	Class A Common		000		9		D		
Option \$48.71								03/23/200	5 03	/22/2014	Class A Common		500		9		D		
Option \$46.46								02/15/200	5 02	//09/2013	Class A Common		000		9		D		
Option \$48.91								02/22/200	7 02	/21/2014	Class A Common	13,0	000		9		D		
Option \$48.82			- 1					02/22/200	3 02	/21/2015	Class A Common		000		9		D		

Explanation of Responses:

Remarks:

/s/ M. Denise Kuprionis, Attorney-in-fact for Timothy E. 02/19/2008 Stautberg

** Signature of Reporting Person

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.