SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

I

OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

	tion 1(b).	nue. See		File					(a) of the Se e Investmen				1934			hours	per res	ponse:	0.5	
	nd Address of On Willian		2. Issuer Name and Ticker or Trading Symbol <u>SCRIPPS E W CO /DE</u> [SSP]									k all applic Director	able)	g Pers	on(s) to Issu 10% Ov Other (s	wner				
(Last) (First) (Middle) 312 WALNUT STREET, 28TH FL.						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2012									X Onler (specify below) below) SVP and General Counsel					
(Street) CINCINNATI OH 45202					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									 dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting 					
(City) (State) (Zip)						Person														
		Та	ble I - Nor	-Deriv	ativ	ve Se	ecuritie	s A	cquired,	Dis	osed	of, or Be	neficia	ally	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						action 2A. Deemed Execution Date if any (Month/Day/Yea			Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					s Ily	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amoun	Amount (A) or (D)		е	Transaction(s) (Instr. 3 and 4)							
Class A C share	Common Sh	aares, \$.01 par va											113,251		D					
Common share	Voting Sha											0			D					
			Table II - I (quired, D s, option						wned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, Transa rity or Exercise (Month/Day/Year) if any Code (ansa ode (I	saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Deriva Security (Instr. 3 a 4)		ative Security		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Ca	ode	v	(A)	(D)	Date Exercisable		piration ate	Title	Amoun or Numbe of Shar	er						
Restricted Stock Units	(1)	03/15/2012			A		32,573		03/15/2013	03	/15/2016	Restricted Stock Units	32,57	73	(1)	32,57	3	D		
Restricted Stock Units	(2)								03/05/2010	03	/05/2013	Restricted Stock Units	116,2	79		116,279 ⁽²⁾		D		
Restricted Stock Units	(3)								03/09/2011	03	/09/2014	Restricted Stock Units	20,00	00		20,000	(3)	D		

Explanation of Responses:

(4)

1. This restricted stock unit award will vest in equal parts in 2013, 2014, 2015 and 2016. A portion of the award is performanced based. Upon vesting, each restricted stock unit will convert into one Class A Common Share of the Company.

03/11/2012

2. This restricted stock unit award will vest in 2013. 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 2013 and 2014. Upon vesting, each restricted stock unit will convert into one Class A Common share of the Company.

4. This restricted stock unit award will vest in equal parts in 2013, 2014 and 2015. Upon vesting, each restricted stock unit will convert into one Class A Common share of the Company.

Remarks:

Restricted

Stock Units

/s/ William Appleton

Restricted

Stock Units

03/11/2015

03/19/2012

23,785⁽⁴⁾

D

** Signature of Reporting Person

23,785

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.