FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20049 | OMB APPF | ROVAL |
|--|-------------|----------|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 |

87 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 | Sect | ion 30(h) | of the | è Ínv | estment/ | Com | npany Act | of 1940 |) | | | | | | |
|--|---|--|--|----------------|------------------------------|---|-----------|---------------------------------|-------|-------------------------------------|------|-----------------|---|--|---|--|---|---|--|---------------------------------------|
| | | f Reporting Person* | E.W. SCRIPPS Co [SSP] (Check all applicable) | | | | | | ., | | | | | | | | | | | |
| CONLIN KELLY P (Last) (First) (Middle) 312 WALNUT STREET 28TH FLOOR | | | | | 05/ | 3. Date of Earliest Transaction (Month/Day/Year) 05/06/2019 | | | | | | | | | | | X Director 10% Owner Officer (give title below) Other (specify below) | | | |
| (Street) CINCIN | | | 45202 (Zip) | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Noi | า-Deriง | vative | e Se | curitie | s A | cqu | ıired, [| Disp | osed o | of, or | Ben | eficiall | y Owne | d | | | |
| | | 2. Trans Date (Month | | Execution Date | | | · | 3. Transac Code (Ir 8) | | 4. Secur Dispose 5) | | | | 5. Amo Securi Benefi Owned Repor | ties cially Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | Code | v | Amount | () 1) | A) or O) | Price | Transa | ed ction(s) 3 and 4) | | | Instr. 4) |
| Class A C share | Common Sł | nares, \$.01 par va | alue per | | | | | | | | | | | | | 1 | 7,935 | | | |
| Common share | Voting Sha | ares, \$.01 par val | ue per | | | | | | | | | | | | | | 0 | | | |
| | | 7 | Гable II - | | | | | | | | | sed of | | | | 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 D if any (Month/Day/ | Date, | 4. Transa Code (8) | | | | Exp | Oate Exer piration I onth/Day | Date | | 7. Title and Amo of Securities Underlying Derivative Secul (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Dat | te ercisable | | piration ite | Title | N C | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 05/06/2019 | | | A | | 4,279 | | 05. | /06/2020 | 05 | /06/2020 | Restric Stock Unit | k - | 4,279 | \$22.2 | 4,279 | 1) | D | |
| Restricted Stock | (2) | | | | | | | | 05 | /10/2019 | 05 | /10/2019 | Restric Stock | k | 6,471 | | 6,471 ⁽ | (2) | D | |

Explanation of Responses:

- 1. This restricted stock unit award will vest in 2020. 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 2019. 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 Kelly P.

Conlin

** Signature of Reporting Person

Date

05/08/2019

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.