

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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

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

1. Name and Address of Reporting Person* <u>PETERMAN TIM</u>  (Last) (First) (Middle) <u>312 WALNUT STREET, 28TH FLOOR</u>  (Street) <u>CINCINNATI OH 45202</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>SCRIPPS E W CO /DE [ SSP ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>SVP/Corporate Development</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/15/2008</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person  Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Common Shares, \$.01 par value per share	03/15/2008		F		379	D	\$41.74	4,974	D	
Class A Common Shares, \$.01 par value per share	03/15/2008		A		3,835	A	(1)	3,835 <sup>(1)</sup>	D	
Common Voting Shares, \$.01 par value per share								0	D	

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	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 Exercisable	Expiration Date					
Option	\$37.505							03/01/2003	02/28/2012	Class A Common	20,000	7	D	
Option	\$39.985							02/26/2004	02/25/2013	Class A Common	24,000	7	D	
Option	\$48.71							03/23/2005	03/22/2014	Class A Common	22,500	7	D	
Option	\$46.46							02/15/2006	02/09/2013	Class A Common	15,000	7	D	
Option	\$47.07							11/09/2006	11/08/2013	Class A Common	15,000	7	D	
Option	\$48.91							02/22/2007	02/21/2014	Class A Common	17,500	7	D	
Option	\$48.82							02/22/2008	02/21/2015	Class A Common	17,500	7	D	

**Explanation of Responses:**

1. This restricted share award was earned on 3/15/08, partially vested on that day, and the reporting person received 708 shares. The remaining shares will time vest in part on 3/15/09 and in part on 3/15/10.

**Remarks:**

/s/ M. Denise Kuprionis,  
Attorney-in-fact for Tim                      03/17/2008  
Peterman

\*\* 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.