## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

Washington, D.C. 20549
------------------------

	OMB APPR	OVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
OTALEMENT OF OTALICE IN BEINE 100/12 OTALICIES	Estimated average hu	rdon

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

1. Name and Address of Reporting Person*  TYSOE RONALD W					2. Issuer Name and Ticker or Trading Symbol SCRIPPS E.W. CO /DE [ SSP ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) 312 WALNUT STREET, 28TH FLOOR					09	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2005										Officer (give title Other (specify below) below)				
(Street) CINCINNATI OH 45202				. 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(5		(Zip)	Donie		- 6-		: 4		المماا			fi a i a ll							
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month/					2A. Deemed Execution Date if any (Month/Day/Ye		3. Transact Code (Ins		4. Secu		urities Acquired (A) sed Of (D) (Instr. 3, 4		(A) or	5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	V Amou			(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A Common Shares, \$.01 par value per share															(	0		D		
Common Voting Shares, \$.01 par value per share																0		D		
			Table II - I	Deriva e.g., p												Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ion 3A. Deeme		4. Transaction Code (Instr		5. Number		6. Da Expir	Date Exercisal piration Date onth/Day/Year)			7. Title and Amou of Securities Underlying Deriv. Security (Instr. 3 4)		ount	8. Price of Derivative Security (Instr. 5)	tive derivative ty Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exerc	cisable	Exp Date	iration	Title	Nu	ount or nber of ires					
Option	\$32.16								05/1	0/2002	05/0	9/2011	Class Comm		0,000		7		D	
Option	\$39.005								05/0	9/2003	05/0	8/2012	Class Comm		0,000		7		D	
Option	\$38.805								11/2	1/2003	11/2	0/2012	Class Comm		0,000		7		D	
Phantom Stock	\$49.72	09/30/2005			J		1			(1)		(1)	Class Comm		0.95(1)	(1)	7		D	
Option	\$39.82								04/2	9/2004	04/2	8/2013	Class Comm		0,000		7		D	
Option	\$52.91								04/1	5/2005	04/1	4/2014	Class Comm		0,000		7		D	
Option	\$51.26								04/1	4/2006	04/1	.3/2015	Class		0,000		7		D	

## **Explanation of Responses:**

1. Pursuant to the company's 1997 Deferred Compensation and Stock Plan for Directors, directors may defer fees into a phantom stock fund. Under this plan, fees are converted quarterly into phantom shares at the fair market value of the company's Class A Common shares on the last trading day of each quarter. Upon retirement as a director, the balance may be paid in either shares or cash. The balance at 9/30/05 was 20,519.40 phantom shares.

## Remarks:

/s/ M. Denise Kuprionis,

Attorney-in-fact for Ronald W. 10/03/2005

**Tysoe** 

\*\* 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.