### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.C.	20070

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  NECASTRO JOSEPH G  (Last) (First) (Middle)  312 WALNUT STREET, 28TH FLOOR						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					
							of Earlie	est Tra	ınsac	tion (Mor	nth/D	ay/Year)	- ;	C Officer below)	er (give title /) SVP & CF(		Other (below)	specify			
(Street) CINCINNATI OH 45202					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					
(City)	(S	tate)	(Zip)													Form filed by More than One Reporting Person					
		Tab	le I - Noi	า-Deriv	ative	e Se	curiti	es A	cqu	ıired, C	Disp	osed o	of, or	Bene	ficiall	y Owned	i				
Dat		Date	Fransaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	()	A) or D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Shares, \$.01 par value per share				02/10	0/200	5				A		12,54	40 A		(1)	12,	12,540(1)		D		
Class A Common Shares, \$.01 par value per share														6,	6,820		D				
Common Voting Shares, \$.01 par value per share															0		D				
		-	Гable II -						-	-	-	sed of, onverti			-	Owned					
1. Title of Derivative Security (Instr. 3)	Conversion Date		Execution Date, if any		4. Transaction Code (Instr. 8)		n of E		Exp	5. Date Exercisat Expiration Date Month/Day/Year)			of Sec Under Deriva	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownersl Form: Illy Direct (I or Indire (I) (Instr.		Beneficia Ownersh (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable		kpiration ate	Title	OI No Of	umber						
Option	\$38.115								05	/23/2003	05	5/22/2012	Class Comn		0,000		4		D		
Option	\$39.985								02	/26/2004	02	2/25/2013	Class Comn		0,000		4		D		
Option	\$48.71								03	/23/2005	03	3/22/2014	Class Comn		0,000		4		D		
Option	\$46.46	02/10/2005			A		1		02/	15/2006 <sup>(2)</sup>	T <sub>02</sub>	2/09/2013	Class	A 4	2 500	(3)	4		D		

### **Explanation of Responses:**

- $1.\ This\ restriced\ share\ award\ is\ performance\ vested\ and\ shall\ vest,\ if\ at\ all,\ as\ follows:\ 25\%\ on\ 2/15/06,\ 25\%\ on\ 2/15/07\ and\ 50\%\ on\ 2/15/08.$
- 2. This option is exercisable in equal installments on 2/15/06, 2/15/07 and 2/15/08.
- 3. The exercise price of this nonqualified stock option award granted under the company's Long-Term Incentive Plan is \$46.46.

# Remarks:

/s/ M. Denise Kuprionis,

Attorney-in-fact for Joseph G. 02/14/2005

**NeCastro** 

\*\* 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.