FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

hours per response:

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 Se	ection	30(h) o	f the Ín	vestmen	t Con	npany Act	of 194	0							,		
1. Name and Address of Reporting Person* Scripps William A. Jr.						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)							
<u> </u>	vviiiiaiii	<u>Λ. JI.</u>									_				I	Direct	or		X 10% C	wner		
(Last) (First) (Middle) 250 GRANDVIEW AVE., SUITE 400						3. Date of Earliest Transaction (Month/Day/Year) 01/30/2014										Office below	r (give title)		Other below)	(specify		
250 GIUIND VIEW IIVE., 50112 100					4 If A	4 If Amandment Date of Original Filed (Month/D-:-/\(\frac{1}{2}\)\(\frac{1}{2}\)										6. Individual or Joint/Group Filing (Check Applicable						
(Street)				4. 11 A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line) X Form filed by One Reporting Person								
FT. MITCHELL KY 41042															Form filed by More than One Reporting Person							
(City)	(Si	ate) (Zip)													0.00						
		Tabl	e I - Nor	า-Deriva	ative S	Secu	urities	Acq	uired,	Dis	posed o	f, or	Ber	efici	ally O	vne	d					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execu Day/Year) if any		A. Deemed xecution Date, any fonth/Day/Year)		Transaction Code (Instr.						and Se B	5. Amount of Securities Beneficially Owned Following Reported		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	, т	ansac	etion(s) and 4)			(instr. 4)		
Common share	mon Voting Shares, \$.01 par value per 01/30/2014							G ⁽¹⁾	V	1	A		\$0.	.00	1			D				
Class A Common Shares, \$.01 par value per share															0		D					
		Та									sed of, onvertib					ed						
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. Transact Code (In B)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivat Securit (Instr. 5	y)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
									Date		Evniration		or	nount ımber								

Explanation of Responses:

1. On January 30, 2014, the reporting person received 1 Common Voting Share, \$.01 par value per share, as a gift from William A. Scripps.

Code V

The reporting person may be deemed to have shared voting power with respect to more than 10% of the Class A Common Shares of the Issuer (due solely to the convertibility of Common Voting Shares of the Company into Class A Common Shares on a share-for-share basis) due to the voting provisions of the Scripps Family Agreement dated October 15, 1992, as amended, to which the reporting person is a party.

Exercisable Date

/s/ Tracy Tunney Ward on behalf of Miramar Services, Inc. as Attorney-In-Fact for William A. Scripps, Jr.

Shares

Title

01/31/2014

** 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.

(A) (D)