FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>LANSING JOHN F</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCRIPPS E W CO /DE [SSP] | | | | | | | | (Che | ck all appli Directo | • | | son(s) to Iss 10% Ov Other (s | vner | |
|--|---|--|---|-------------|---|---|--------------|---|--|---|-----------|---|--------------------------------|--------|---|--|---|--|--|--|
| (Last) (First) (Middle) 312 WALNUT STREET, 28TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2003 | | | | | | | | | X Officer (give title Surer (specify below) SVP/Television | | | | | |
| , | CINNATI OH 45202 | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | n | |
| (City) | (State) (Zip) | | | | | tive Securities Acquired, Disposed of, or Benefic | | | | | | | | | oially Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | action 2 Pay/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Sec Transaction Dispo Code (Instr. 5) | | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | or | 5. Amou Securiti Benefici Owned | ınt of es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | t (A) or (D) | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Class A Common Shares, \$.01 par value per share 09/19/ | | | | | | /2003 | | | | | 450 | I | \$ | 87.36 | 2, | ,025 | D | | | |
| Common Voting Shares, \$.01 par value per share | | | | | | | | | | | | | | | | 0 | | D | | |
| | | Т | | | | | | | uired, D s, option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed Date, | 4. Transactior Code (Instr. 8) | | 5. Number of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | ble and | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | ount 8 | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | opiration | Title | Amo or Num of Shai | ber | | | | | | |
| Option | \$47.22 | | | | | | | | 01/15/1999 | 01 | /14/2008 | Class A | | 00 | | 6 | | D | | |
| Option | \$47.31 | | | | | | | | 01/19/2000 | 01 | /18/2009 | Class A | | 000 | | 6 | | D | | |
| Option | \$49 | | | | | | | | 01/24/2001 | 01 | /23/2010 | Class A | | 00 | | 6 | | D | | |
| Option | \$64.25 | | | | | | | | 01/25/2002 | 01 | /24/2011 | Class A | | 000 | | 6 | | D | | |
| Option | \$75.11 | | | | | | | | 02/20/2003 | 02 | 2/19/2012 | Class A Commo | | 000 | | 6 | | D | | |
| Option | \$79.97 | | | | | | | | 02/26/2004 | 02 | 2/25/2013 | Class A Commo | | 000 | | 6 | | D | | |

Explanation of Responses:

Remarks:

/s/ M. Denise Kuprionis,

Attorney-in-fact for John F.

Lansing

** Signature of Reporting Person

09/22/2003

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).