FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549	
vvasiliigton,	D.C.	20049	

<b>STATEMENT</b>	<b>OF CHANGE</b>	S IN BENE	FICIAL O	WNERSHIP

l	UMB APPRO	JVAL				
	OMB Number:	3235-0287				
	Estimated average burd	en				
l	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 Se	ction 30(	(h) of the	Ínvestme	nt Co	mpany Ac	t of 19	940						
1. Name and Address of Reporting Person* <u>Lawlor Brian G.</u>			2. Issuer Name and Ticker or Trading Symbol SCRIPPS E W CO /DE [ SSP ]							Relationship eck all appli Direct	cable)	g Pers	on(s) to Iss					
	St) (First) (Middle)  WALNUT STREET  TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 03/09/2015								X Officer (give title Other (spec below) Sr. VP/Television				specify	
(Street) CINCIN		H State)	45202 (Zip)		4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	E) X Form: Form:	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tak	ole I - No	n-Deriva	ative S	ecurit	ies Ac	auired.	Dis	posed	of. o	r Ben	eficial	ly Owned				
1. Title of Security (Instr. 3)		2. Transa Date (Month/Da	2A. Deemed Execution Date,		3. 4. Securities Acquired ( Transaction Disposed Of (D) (Instr. 3) Code (Instr. 5)		I (A) or	5. Amou Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Class A Common Shares, \$.01 par value per share			03/09/	2015			C <sup>(1)</sup>		23,544		A	\$24.1	1 63,974			D		
Class A Common Shares, \$.01 par value per share			03/09/2015				F <sup>(2)</sup>		7,761		D	\$24.1	1 56	56,213		D		
Common Voting Shares, \$.01 par value per share													0		D			
			Table II -	Derivat (e.g., pı										Owned		•		
		ransactio ode (Inst	on of Expira			Date Exercisable and Diration Date Onth/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Date	_	yniration			or Number of					

## **Explanation of Responses:**

\$24.11

\$24.11

\$24.11

03/09/2015

03/09/2015

03/09/2015

03/09/2015

- 1. This transaction reflects the conversion of restricted stock units into Class A Common Shares.
- 2. The terms of this long-term incentive award mandate that the Company withhold shares to satisfy the reporting person's tax obligation.

Code V

 $C^{(1)}$ 

**C**<sup>(1)</sup>

 $C^{(1)}$ 

J(3)

(A) (D)

7,929

8,143

4,662

7,494

3. Forty percent of the units awarded in 2014 were contingent on performance measures. Because the company did not meet these measures, the subject units did not vest and were forfeited under terms of the award.

Exercisable Date

03/11/2012

03/15/2013

03/09/2014

03/09/2015

## Remarks:

Restricted

Restricted

Restricted

Restricted

Stock

Units

Stock Units

Units

Stock Units

/s/ William Appleton,

Attorney-in-fact for Brian G.

Title

03/11/2015

03/15/2016

03/09/2017

03/09/2018

Restricted

Stock

Units

Restricted

Stock Units

Restricted

Stock

Units

Restricted

Stock Units

Shares

7,929

16,287

13,987

15,926

\$24.11

\$24.11

\$24.11

\$24.11

\*\* Signature of Reporting Person

03/11/2015

Date

0

8,144

9,325

8,432

D

D

D

D

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.