

SCRIPPS E W CO /DE  
Form 4  
February 14, 2005

# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287  
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
WOLFZORN E JOHN

(Last) (First) (Middle)

312 WALNUT STREET, 28TH FLOOR

(Street)

CINCINNATI, OH 45202

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol  
SCRIPPS E W CO /DE [SSP]

3. Date of Earliest Transaction (Month/Day/Year)  
02/10/2005

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
VP & Treasurer

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
\_\_\_\_ Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Class A Common Shares, \$.01 par value per share	02/10/2005		A		3,541	A	Ⓛ
					3,541	Ⓛ	
Class A Common Shares, \$.01 par value per share					3,350		D
Common Voting					0		D

Shares, \$.01  
par value  
per share

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

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(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
Option	\$ 24.5					01/24/2001 01/23/2010	Class A Common	10,000
Option	\$ 32.125					01/25/2002 01/24/2011	Class A Common	10,000
Option	\$ 37.555					02/20/2003 02/19/2012	Class A Common	15,000
Option	\$ 39.985					02/26/2004 02/25/2013	Class A Common	24,000
Option	\$ 48.71					03/23/2005 03/22/2014	Class A Common	18,000
Option	\$ 46.46	02/10/2005		A	1	02/15/2006 <sup>(2)</sup> 02/09/2013	Class A Common	12,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WOLFZORN E JOHN 312 WALNUT STREET, 28TH FLOOR			VP & Treasurer	

CINCINNATI, OH 45202

## Signatures

/s/ M. Denise Kuprionis, Attorney-in-fact for E. John  
Wolfzorn

02/14/2005

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* 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).
- (1) This restricted 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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.