#### Edgar Filing: PETERMAN TIM - Form 4

PETERMAI Form 4 November 0									
							OMB AF	PROVAL	
FORM	<b>14</b> UNITED STATE	S SECURITIES A Washington			IGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no lon	aar.	DX							
subject t Section Form 4 o Form 5	6. or Filed pursuant to	<b>STATEMENT OF CHANGES IN BENEFICIAL OWN</b> <b>SECURITIES</b> Filed pursuant to Section 16(a) of the Securities Exchange						2005 verage 's per 0.5	
obligations may continue. See Instruction 1(b). 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 A PETERMA	Address of Reporting Person <u>*</u> N TIM	2. Issuer Name <b>and</b> Ticker or Trading Symbol SCRIPPS E W CO /DE [SSP]				5. Relationship of Reporting Person(s) to Issuer			
(I+)	(First) (Middle)		-	55P]		(Check	k all applicable)		
(Last) 312 WALN FLOOR	3. Date of Earliest 11 (Month/Day/Year) 10/31/2006	-				Director       10% Owner         Officer (give title       Other (specify below)         SVP/Interactive Media			
CNICNNI	(Street)	4. If Amendment, Da Filed(Month/Day/Year	-	1		<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>			
	ATI, OH 45202					Person			
(City)	(State) (Zip)	Table I - Non-I	Derivative	Securit	ies Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Dec (Month/Day/Year) Executi any (Month		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Class A		Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Shares, \$.01 par value per share	08/30/2006	S	670	D \$	\$ 45	0	D		
Class A Common Shares, \$.01 par value per share	10/31/2006	S	1,000	D 2	\$ 19.266	8,463	D		

Common		
Voting		
Shares,	0	D
\$.01 par	0	D
value per		
share		

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

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 control number.

# 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. Transactio Code (Instr. 8)	5. onNumber 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. Pri Deriv Secu (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option	\$ 37.505					03/01/2003	02/28/2012	Class A Common	20,000	
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	22,500	
Option	\$ 46.46					02/15/2006	02/09/2013	Class A Common	15,000	
Option	\$ 47.07					11/09/2006	11/08/2013	Class A Common	15,000	
Option	\$ 48.91					02/22/2007	02/21/2014	Class A Common	17,500	

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			

#### PETERMAN TIM 312 WALNUT STREET, 28TH FLOOR CINCINNATI, OH 45202

SVP/Interactive Media

## Signatures

/s/ M. Denise Kuprionis, Attorney-in-fact for Tim Peterman

\*\*Signature of Reporting Person

10/31/2006

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).

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.