

Carroll Michael W  
 Form 3  
 October 30, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â Carroll Michael W		(Month/Day/Year)	SCRIPPS E W CO /DE [SSP]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
			(Check all applicable)	
312 WALNUT ST., 28TH FLOOR			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Street)			<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
			Assistant Treasurer	
CINCINNATI, OH 45202				6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)		<input checked="" type="checkbox"/> Form filed by One Reporting Person
				<input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Shares, \$.01 par value per share	4,765.098	D	Â
Common Voting Shares, \$.01 par value per share	0	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Option	01/15/1999	01/14/2008	Class A Common	5,200	\$ 23.61	D	Â
Option	01/19/2000	01/18/2009	Class A Common	5,200	\$ 23.655	D	Â
Option	01/24/2001	01/23/2010	Class A Common	4,200	\$ 24.5	D	Â
Option	01/25/2002	01/24/2011	Class A Common	6,000	\$ 32.125	D	Â
Option	02/20/2003	02/19/2012	Class A Common	6,000	\$ 37.555	D	Â
Option	02/26/2004	02/25/2013	Class A Common	6,000	\$ 39.985	D	Â
Option	02/25/2005 <sup>(1)</sup>	02/24/2014	Class A Common	5,000	\$ 49.15	D	Â
Option	02/15/2006 <sup>(2)</sup>	02/09/2013	Class A Common	5,000	\$ 46.46	D	Â
Option	02/22/2007 <sup>(3)</sup>	02/21/2014	Class A Common	5,000	\$ 48.91	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Carroll Michael W 312 WALNUT ST., 28TH FLOOR CINCINNATI, OH 45202	Â	Â	Â Assistant Treasurer	Â

## Signatures

/s/Mary Denise Kuprionis, Attorney-in-fact for Michael W. Carroll

10/30/2006

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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 option is exercisable in three equal installments: 1/3 vested on 2/25/05, 1/3 vested on 2/25/06 and 1/3 will vest on 2/25/07.

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(2) This option is exercisable in three equal installments: 1/3 vested on 2/15/06, 1/3 will vest on 2/15/07 and 1/3 will vest on 2/15/08.

(3) This option is exercisable in three equal installments on 2/22/07, 2/22/08 and 2/22/09.

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.