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SCRIPPS E W CO /DE

Form 3

February 02, 2015

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)

Person Stateme Monica Holcomb 2015 Trust (Month)					3. Issuer Name and Ticker or Trading Symbol SCRIPPS E W CO /DE [SSP]					
(Last)	(First)	(Middle)	01/30/201:	5	4. Relationship Person(s) to Is		ip of Reporting		5. If Amendment, Date Origin Filed(Month/Day/Year)	
C/O MIRA INC., 250 SUITE 400 FT. MITCH	(Street)		(Che	(Check all applicable) DirectorX 10% Owner Officer Other						
(City)	(State)	(Zip)		Table I - N	ole I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			Ownership form: Direct (D) r Indirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Class A Common Shares, \$.01 par value per share				0			D	Â		
Common V share	oting Shar	es, \$.01 par	value per	0			D	Â		
Reminder: Repowned directly	•		ich class of sec	urities benefic	ially	SEC	C 1473 (7-02)		
	Perse	ons who res		collection of form are not the form displ						

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

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1. Title of Derivative Security (Instr. 4)

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying **Derivative Security** (Instr. 4)

Conversion or Exercise Price of Derivative Security

5. Ownership Form of Derivative Security: Direct (D)

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Expiration Date Exercisable Date

Amount or Title Number of

Shares

or Indirect (I) (Instr. 5)

Reporting Owners

FT. MITCHELL, KYÂ 41017

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other Monica Holcomb 2015 Trust C/O MIRAMAR SERVICES, INC. Â ÂX Â Â 250 GRANDVIEW DR., SUITE 400

Signatures

/s/ Tracy Tunney Ward on behalf of Miramar Services, Inc. as Attorney-In-Fact for The Monica Holcomb 2015 Trust

02/02/2015

**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).

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Remarks:

The reporting person may be deemed to have shared voting power with respect to more than 10% 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.

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