FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
| l | Estimated average burd | len | | | | |
| | 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 Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MCFARLAND DUNCAN M | | | | | | 2. Issuer Name and Ticker or Trading Symbol GANNETT CO INC /DE/ [GCI] | | | | | | | | | | neck all a | tionship of Reportin all applicable) Director | | erson(s) to Is | | |
|--|---|--|--|---------------------------|---|--|----------|-----------------------------------|----------------|-------------------------------|----------------------------|-----------------------|-------|--|--|--|---|--|--|--|--|
| | TT CO., İN | rc. | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 07/26/2004 Officer (give title below) 07/26/2004 Other (specify below) | | | | | | | | | | | | specify | | | | |
| 7950 JONES BRANCH DRIVE (Street) MCLEAN VA 22107 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ie) <mark>X</mark> Foi Foi | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | curition | es Ac | guir | ed, D | isp | osed (| of, o | r Ber | eficia | lly Owr | ed | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2 Ear) if | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transaction Code (Instr. | | ion | 4. Securities Acquired (A) | | | d (A) or | 5. Ar Secu | nount of rities ficially ed Following | Fo (D) | Ownership rm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Co | de V | , | Amount | | (A) or (D) | Price | Tran | saction(s) . 3 and 4) | | | (111511.4) | |
| Common | Stock | | | 07/27 | <mark>7/200</mark> 4 | 1 | | | 1 | P | | 1,20 | 0 | A | \$82. | 76 | 1,200 | | D | | |
| Common | Stock | | | 07/27 | <mark>7/200</mark> 4 | 1 | | | 1 | P | | 300 |) | A | \$82. | 77 | 1,500 | | D | | |
| | | Т | able II - | Derivat (e.g., p | | | | | | | | | | | | / Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | Date, Transac Code (Ir | | | ion of | | | e Exerc tion Da h/Day/Y | ate | Am Sec Un De | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | ve es ally ng d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | V | (A) | | Date Exerci | sable | Ex Da | piration ite | Title | 1 | Amount or Number of Shares | | | | | | |
| Phantom Stock | (1) | 07/26/2004 | | | Α | | 501 | | (2 |) | | (2) | Comr | | 501 | \$74.85 | 50 | 1 | D | | |

Explanation of Responses:

- 1. These shares of phantom stock convert to common stock on a one-for-one basis.
- 2. These shares of phantom stock are payable on various dates selected by the reporting person or as otherwise provided in the issuer's Deferred Compensation Plan.

Remarks:

Todd A. Mayman, Attorney-in- 07/28/2004

** Signature of Reporting Person

Date

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.