FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* MARTORE GRACIA C | | | | | | 2. Issuer Name and Ticker or Trading Symbol GANNETT CO INC /DE/ [GCI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|--|---|--|--|----|---|--|--|------------------------------|-------------------------------------|--|-------------------------------|--|--|--|---|---|-------------------------------------|---|--|--|
| (Last) (First) (Middle) GANNETT CO., INC. 7950 JONES BRANCH DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/10/2004 | | | | | | | | | X | X Officer (give title below) below) Sr Vice President and CFO | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) MCLEAN VA 22 | | | 22107 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | r) E | 2A. Deemed Execution Date, f any (Month/Day/Year) | | Transaction Dispose Code (Instr. 5) | | ties Acquire d Of (D) (Ins | | nd Securitie Beneficia Owned F | | es For ally (D) Following (I) (| | : Direct C Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amo | ount | (A) or (D) |) or) Price | | Reported Transacti (Instr. 3 a | tion(s) | | (In | nstr. 4) | | |
| 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 Da if any (Month/Day/Y | Co | ansact ode (In: | | | ve es d ed estr. | Expiration D | . Date Exercisable and Expiration Date Month/Day/Year) | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s lly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode V | v | (A) | (D) | Date Exercisable | Expirat Date | tion | Title | Amount or Number of Shares | | | | | | | |
| Employee Stock Option (right to buy) | \$80.9 | 12/10/2004 | | 1 | A | | 56,000 | | (1) | 12/10/2 | 2012 | Common Stock | 56,000 | | \$0 | 56,000 | 0 | D | | |

Explanation of Responses:

1. The option vests in four equal annual installments beginning on December 10, 2005.

Remarks:

/s/ Todd A. Mayman, Attorney-12/13/2004

in-Fact

** 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.