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(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287

OMB APPROVAL

Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utilit	17
	y
Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940	Filed By Romeo & Dye's Instant Form 4 Filer
	www.section16.net

6. Relationship of Reporting Person(s) 1. Name and Address of Reporting Person* 2. Issuer Name **and** Ticker or Trading Symbol Gannett Co., Inc. ("GCI") to Issuer (Check all applicable) Gavagan George R Director 10% Owner X Officer (give title below) Other (specify below) (Last) (First) (Middle) 3. I.R.S. Identification Number 4. Statement for Month/Day/Year of Reporting Person, Vice President and Controller 7950 Jones Branch Drive if an entity (voluntary) December 8, 2002 5. If Amendment, 7. Individual or Joint/Group Filing (Check Applicable Line) (Street) Date of Original X Form filed by One Reporting Person McLean, VA 22107 (Month/Day/Year) Form filed by More than One Reporting Person (City) (State) (Zip) Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 4. Securities Acquired (A) or Disposed of (D) 5. Amount of 1. Title of Security 2A. Deemed 3. Trans-2. Trans-6. Owner-7. Nature of Indirect action Code (Instr. 3, 4 & 5) ship Form: Beneficial Ownership (Instr. 3) action Execution Securities Date Date. (Instr. 8) Beneficially Direct (D) (Instr. 4) (Month/ Day Owned Followor Indirect (I) lif anv Code Amount (A) Price Year) (Month/Day ing Reported Transactions(s) (Instr. 4) or (Instr. 3 & 4) (D)

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

FORM 4 (continued) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2. Conver-	3. Trans-	3A.	4.	5. Number of Derivative		6. Date		7. Title and Amount		8. Price of	9. Number of	10.	11. Nature
Derivative	sion or	action	Deemed	Trans-	Securities Acquired (A) or		Exercisable of		of Underlying		Derivative	Derivative	Owner-	of Indirect
Security	Exercise	Date	Execution	action	Disposed of (I	and Expiration Securities		Securities		Security	Securities	ship	Beneficial	
	Price of		Date,	Code		Date		(Instr. 3 & 4)		(Instr. 5)	Beneficially	Form	Ownership	
(Instr. 3)	Derivative	(Month/	if any				(Month/Day	y/				Owned	of	(Instr. 4)
	Security	Day/ Year)	(Month/	(Instr.	ľ		Year)					Following	Deriv-	l
			Day/ Year)	8)								Reported	ative	1 1
												Transaction(s)	Security:	
				Code V	(A)	(D)	Date	Expira-	Title	Amount		(Instr. 4)	Direct	1 1
							Exer-	tion		or			(D)	1 1
							cisable	Date		Number			or	
				1 1						of			Indirect	1 1
				1 1						Shares			(I)	1 1
				1 1									(Instr. 4)	1 1
Stock		12/08/02		M		220	12/08/02	12/08/02	Common	220		0	D	
Incentive									Stock					
Rights														
Phantom	1-for-1	12/08/02		М	220		Immed.		Common	220		9,330.331.(1)	D	
Stock									Stock			3,330.331		

Explanation of Responses:

(1) The shares of phantom stock reported in Table II, Column 9 of this Form 4 were acquired under the issuer's Deferred Compensation Plan. Prior Forms 4 reported some of these shares in Table I, as Common Stock.

> By: /s/ Todd A. Mayman Attorney-in-Fact **Signature of Reporting Person

December 10, 2002 Date

**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.

^{*} If the form is filed by more than one reporting person, see Instruction 4(b)(v).