FORM 4

to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. . .0.5

OMB APPROVAL

Filed By Romeo and Dye's Section 16 Filer

www.section16.net

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person	* 2. Issuer N	lame and Ticker or Ti	rading Symb		6. Relationship of Reporting Person(s)					
	Gannett C	Co., Inc. ("GCI")			to Issuer (Check all applicable)					
Feller Millicent A.					_ Director 10% Owner					
(Last) (First) (Middle)	3. I.R.S. Id	lentification Number	4. Stateme	nt for	$\underline{\mathbf{X}}$ Officer (give title below) $\underline{}$ Other (s)		below)			
	of Reporti	ng Person,	Month/Day	y/Year						
Gannett Co., Inc.	if an entity	(voluntary)	February	25, 2003	enior Vice President/Public Affairs and Government Relations					
7950 Jones Branch Drive		`		-						
(Street)		5. I:			. Individual or Joint/Group Filing (Check Applicable Line)					
			Date of Or	iginal	∑ Form filed by One Reporting Person					
McLean, VA 22107			(Month/Da	ıy/Year)	Form filed by More than One Reporting Person					
			ľ		_					
(City) (State) (Zip)		Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1. Title of Security 2. Trans- 2A. Deeme	d 3. Trans-	4. Securities Acquire	ed (A) or Dis	posed of ((D) 5. Amount of	6. Owner-	7. Nature of Indirect			
(Instr. 3) action Execution	action Code	(Instr. 3, 4 & 5)			Securities	ship Form:	Beneficial Ownership			
Date Date,	(Instr. 8)				Beneficially	Direct (D)	(Instr. 4)			
(Month/ Day/ if any	Code V	Amount	(A)	Price	Owned Follow-	or Indirect (I)				
Year) (Month/Day/			or		ing Reported Transactions(s)	(Instr. 4)				
Year)			(D)		(Instr. 3 & 4)	ľ				
Descioles Description Cons					,					

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

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities) 1. Title of 2. Conver-3A. Number of Derivative 6. Date 7. Title and Amount 8. Price of 9. Number of 10. 11. Nature Derivative sion or Trans-Deemed Trans-Securities Acquired (A) or Exercisable of Underlying Derivative Derivative Ownerof Indirect and Expiration ship Security Disposed of (D) Securities Beneficial Exercise Execution Securities laction Security Price of Date, Code Date (Instr. 3 & 4) (Instr. 5) Beneficially Form Ownership Date (Month/Day (Instr. 3) Derivative (Instr. 3, 4 & 5) Owned (Instr. 4)

(mon. 5)	Security	(Month/ Day/ Year)	(Month/ Day/ Year)	(Instr. 8)	(msii. 3, 1 & 3)		Year)					Following	Deriv- ative	(111511. 1)
				Code V	(A)	(D)	Exer-	Expira- tion		Amount		(Instr. 4)	Direct (D)	
							cisable	Date		Number of Shares			or Indirect (I) (Instr. 4)	
Phantom Stock	1-for-1	2/25/03		A	626.335		8/24/03	1	Common Stock	626.335	\$70.25			
Evplanatio	n of Docpon	coc:			•									

Explanation of Responses:

FORM 4 (continued)

(1) These shares of phantom stock are payable on various dates selected by the reporting person or as provided in the Issuer's Deferred Compensation Plan.

By: /s/ Todd A. Mayman Attorney-in-Fact **Signature of Reporting Person February 27, 2003 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).