Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OIVIE |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Numbe |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
|-----------------------|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated avera | Estimated average burden | | | | | | | | |
| hours per respo | onse: 0.5 | | | | | | | | |

| Name and Address of Reporting Person* Hunke David L. | | | | | 2. Issuer Name and Ticker or Trading Symbol GANNETT CO INC /DE/ [GCI] | | | | | | | | | ck all applic Directo | cable) or | Pers | son(s) to Iss | vner |
|--|--|--|--|-----------------------------------|--|--|------|---|------|-----------------|--|-----------------------------------|---|---|--|---|---|---|
| (Last) (First) (Middle) C/O GANNETT CO., INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/01/2012 | | | | | | | | X | below) | | ier-U | Other (s below) JSA TOD | ` |
| 7950 JONES BRANCH DRIVE | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) MCLEA | N V | A | 22107 | | | | | | | | Line) | | | | | n | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-l | Derivati | ve Se | curities | s Ac | quired, I | Disp | osed o | f, or B | enefic | ially | Owned | | | | |
| Date | | | | 2. Transacti Date Month/Day | Execution Date, | | | 3. Transaction Code (Instr. 3)) 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3) | | | red (A) o | , 4 and Securi Benefi Owned | | ies Fo cially (D) Following (I) | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | ce | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 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 Dat if any (Month/Day/Yo | Code | saction e (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) |
| | | | | Code | e V | (A) | (D) | Date Exercisable | | expiration vate | Title | Amou or Numb of Share | oer | | | | | |
| Restricted Stock Units | (1) | 01/01/2012 | | A | | 18,325 | | 12/31/2015 | 5 1 | 2/31/2015 | Commor Stock | 18,3 | 25 | \$0 | 18,325 | | D | |

Explanation of Responses:

 $1. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ underlying \ common \ stock.$

Remarks:

/s/ Todd A. Mayman, Attorney-01/04/2012 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.