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MCCLATCHY CO									
Form 4									
May 20, 2005				OMB A	PPROVAL				
	OMB Number:	3235-0287							
Section 16.		ashington, D.C. 20549 NGES IN BENEFICIA SECURITIES	Expires: January 31 2005 Estimated average burden hours per						
Form 4 or Form 5 obligations may continue.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 19400.5See Instruction 1(b).30(h) of the Investment Company Act of 19401940									
(Print or Type Responses)									
1. Name and Address of Reporting BARNES LEROY	Symbol	er Name and Ticker or Tradi ATCHY CO [MNI]	Issuer						
(Last) (First) (Middle) 3. Date	of Earliest Transaction	(Chec	k all applicable	e)				
2100 Q STREET	(Month/ 05/18/2	Day/Year) 2005	X Director Officer (give below)	Officer (give title Other (specify					
(Street)	Filed(Mo	nendment, Date Original onth/Day/Year)	Applicable Line) _X_ Form filed by C	ndividual or Joint/Group Filing(Check licable Line) Form filed by One Reporting Person Form filed by More than One Reporting					
SACRAMENTO, CA 95816)		Person		1 0				
(City) (State)	(Zip) Tab	ble I - Non-Derivative Secu	rities Acquired, Disposed of	, or Beneficial	lly Owned				
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 4)	r Securities F) Beneficially (1 5) Owned (1 Following (1	orm: Direct D) or Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
		(A) or Code V Amount (D)	Reported Transaction(s) (Instr. 3 and 4)						
Reminder: Report on a separate line	e for each class of sec	curities beneficially owned di	rectly or indirectly.						
		information required to	ho respond to the collec n contained in this form a respond unless the forr currently valid OMB con	are not n	EC 1474 (9-02)				

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

3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and	7. Title and Amount of	8. Prie
(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration Date	Underlying Securities	Deriv
	any	Code	of	(Month/Day/Year)	(Instr. 3 and 4)	Secur
	(Month/Day/Year)	(Instr. 8)	Derivative	e		(Instr.
		any	(Month/Day/Year) Execution Date, if Transaction any Code	(Month/Day/Year) Execution Date, if TransactionNumber any Code of	(Month/Day/Year) Execution Date, if TransactionNumber Expiration Date	(Month/Day/Year)Execution Date, if anyTransactionNumber CodeExpiration Date (Month/Day/Year)Underlying Securities (Instr. 3 and 4)

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	Derivative Security				Securi Acqui (A) or Dispo of (D) (Instr. 4, and	ired r osed) . 3,					
			Code	V	(A) ((D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option (right to buy)	\$ 69.81	05/18/2005	A		1		03/01/2006	05/18/2015	Class A Common Stock	750	\$ 0
Option (right to buy)	\$ 69.81	05/18/2005	A		1		03/01/2007	05/18/2015	Class A Common Stock	750	\$ 0
Option (right to buy)	\$ 69.81	05/18/2005	А		1		03/01/2008	05/18/2015	Class A Common Stock	750	\$ 0
Option (right to buy)	\$ 69.81	05/18/2005	A		1		03/01/2009	05/18/2015	Class A Common Stock	750	\$ 0

Reporting Owners

Reporting Owner Name / Address	Relationships								
		10% Owner	Officer Oth						
BARNES LEROY 2100 Q STREET SACRAMENTO, CA 95816	Х								
Signatures									
Leroy Barnes, 0	5/18/2005	/18/2005							

Explanation of Responses:

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

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Director's stock option granted pursuant to The McClatchy Company 2001 Director Option Plan

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

**Signature of

Reporting Person