

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

() Check this box if no longer subject to Section 16.
 Form 4 or Form 5 obligations may continue. See Instructions 1(b).

1. Name and Address of Reporting Person
 Keil, Beverly R.
 The Washington Post Company
 1150 15th Street, N.W.
 Washington, DC 20071
 USA
2. Issuer Name and Ticker or Trading Symbol
 The Washington Post Company
 WPO
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
 January 1997
5. If Amendment, Date of Original (Month/Year)
 January 28, 1997
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 () Director () 10% Owner (X) Officer (give title below) () Other
 (specify below)
 Vice President
7. Individual or Joint/Group Filing (Check Applicable Line)
 (X) Form filed by One Reporting Person
 () Form filed by More than One Reporting Person

Table I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Transaction Date	3. Code	4. Securities Acquired (A) or Disposed of (D)		5. Amount of Securities Beneficially Owned at End of Month	6. Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Amount	A/ D			
Class B Common Stock	1/3/97	A*	150	A	N/A	1,277	D
*Class B shares awarded as restricted stock under Incentive Plan.							

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

1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date	4. Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Exercisable and Expiration Date	7. Title and Amount of Underlying Securities	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned at End of Month	10. Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership

Explanation of Responses:
 Amendment intended to replace Form 4 filed on January 28, 1997.
 SIGNATURE OF REPORTING PERSON
 Beverly R. Keil by Diana M. Daniels
 DATE
 April 18, 1997