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 APPROVAL

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person  GRAHAM DONALD						WASHINGTON POST CO [ WPO ]								(Check all applicable)  X Director X 10% Owner					
(Last) (First) (Middle) C/O THE WASHINGTON POST COMPANY 1150 15TH STREET, N.W.						Date of Ea /18/2008		saction	(Mont	th/Day/Year)					w)		belov		
(Street) WASHINGTON DC 20071					-   4. If	If Amendment, Date of Original Filed (Month/Day/Year)									son				
(City)	(St	ate)	(Zip)											Pers	on				
		Tab	le I - N	lon-Deriv	ative	Secur	ities Ac	quire	d, D	isposed o	f, or B	enefi	cial	ly Owne	ed				
1. Title of S	Security (Inst	r. 3)		2. Transact Date (Month/Day		if any	emed tion Date, n/Day/Year)	3. Transaction Code (Instr. 8)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	rect I lirect I 4) (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	Check all applicable)  X Director X 10% Owner  X Officer (give title Other (specify below)  CEO and COB  Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person  Form filed by More than One Reporting Person  Form filed by More than One Reporting Person  A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)  John Company (D) Owned Following Reported Transaction (D) or Indirect Beneficial Owned Following Reported Transaction (I) (Instr. 4)										
Class B C	ommon Sto	ock												12,	276	I	- 1		
Class B C	ommon Sto	ock												6	00	D	_		
Class B C	ommon Sto	ock		09/18/2	800			S		4,695	D	\$598	8.86	101	,521	I			
Class B C	ommon Sto	ock		09/19/2	8008			S		2,246	D	\$600	).82	99,	275	I			
Class B C	ommon Sto	ock												21,	800	I			
Class B C	ommon Sto	ock												21,	800	I	- 1	Children of	
Class B C	ommon Sto	ock												5,0	000	I		Γhird	
Class B C	ommon Sto	ock												91,	950	I		Spouse <sup>(2)</sup>	
Class B C	ommon Sto	ock												96,	558	I			
Class A C	Common Sto	ock												339	,897	D			
Class A C	Common Sto	ock												5,4	100	I			
Class A C	Common Sto	ock												553	,185	I			
Class A C	Common Sto	ock												289	,678	I			
Class A C	Common Sto	ock												5,4	100	I		Children of	
Class A C	Common Sto	ock												5,4	100	I		Spouse <sup>(1)</sup>	
		Ta	able II											Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	· · · ·	4. Transa Code (	action (Instr. [	5. Number of Derivative Securities Acquired A) or Disposed of (D) Instr. 3, 4 and 5)	6. Date	e Exer	cisable and	7. Title	and t of ies ving ive	8 D S	. Price of Perivative Security Instr. 5)		e Over September 19 (I)			

		Та	ble II - Deriva (e.g., p					ired, Disp options,			or i	y Owned			
1. Title of	2. Conversion	3. Transaction	3A. Deemed Execution Date.	<b>6</b> .ode	V	6ANu	m(150e)r	Expertise Eleter	isΩaabtlee and	7itTëtle Amour	aSolidares	8. Price of Derivative	9. Number of	10.	11. Nature
Beplantstion (Instr. 3) The reporti	of Exespises Price of the person discl	e(Month/Day/Year) aims any beneficial of aims any beneficial of	if any (Month/Day/Year) whership of these s	Code 8) ecurities.	(Instr.	Deriv Secu . Acqu	rities ired	(Month/Day/	(ear)	Securit Underl Derivat	ies /ing ive	Security (Instr. 5)	Securities Beneficially Owned	Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)
		ch I disclaim any be		nares. m	additioi	Dispo	osed	ma maneet ow	nership or Cia	and 4)	ys(madaly)	ani one or nv	Reported	i fat dicioners a lo	men owns
Remarks	:					of (D) l (Instr and 5	. 3, 4						Transaction(s) (Instr. 4)		
									_	Veron: Graha	\mount	for Dona	ld 09/22/200	I 1 <u>8</u> I	
					1			Date	Expiration **	signatur	e <b>Number</b> or	ing Person	Date		

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

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.

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