UNITED STATES SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549 FORM 4
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
Mayer, William E.
c/o Lee Enterprises, Incorporated
400 Putnam Bldg.
Davenport, IA 52801
Scott
2. Issuer Name and Ticker or Trading Symbol
Lee Enterprises, Incorporated
LEE ENT
3. IRS or Social Security Number of Reporting Person (Voluntary)
4 Obstania for Month (Vern
4. Statement for Month/Year 10/31/99
,, -, -
<ol><li>If Amendment, Date of Original (Month/Year)</li></ol>

Relationship of Reporting Person(s) to Issuer (Check all applicable)
 (X) Director ( ) 10% Owner ( ) Officer (give title below) ( ) Other
 (specify below)
Individual or Joint/Group Filing (Check Applicable Line)

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.  3.  4.Securities A   Transaction   or Disposed 		6.Dir  7.Nature of Indirect  ect   Beneficial Ownership  (D)or    Indir    ect(I)							
Common Stock	10/18/ A  V 378  99	A  \$27.625-31. 1,378    50	D   							

Table II Derivative Securitites Acquired, Disposed of, or Beneficially Owned														
1.Title of Derivative	2.Con-	3.	4.	5.Number	of D	e	6.Dat	e Exe	7	.Title and A	mount	8.Price	9.Number	10. 11.Nature o
Security	version	Trans	action	rivativ	e Sec	u į	cisab.	le and	İt	of Underlyi	.ng	of Deri	of Deriva	Dir Indirect
	or Exer	I	l	rities	Acqui	.	Expir	ation		Securities		vative	tive	ect Beneficial
	cise			red(A)	or Di	s	Date(	Month	/			Secu	Securities	(D) Ownership
	Price of			posed o	of(D)	- 1	Day/Y	ear)				rity	Benefi	or
	Deriva-						Date	Expi	٦			1	ficially	Ind
	tive			l		A/	Exer-	atio	۱	Title and	Number		Owned at	ire
	Secu-					D	cisa-	Date		of Shares		1	End of	ct
	rity	Date	Code V	Amount	:		ble	I	I			I	Month	(I)
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Explanation of Responses: SIGNATURE OF REPORTING PERSON /s/ William E. Mayer DATE 2/6/00