FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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 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* HAGEDORN JAMES						2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last)	(Last) (First) (Middle) C/O THE SCOTTS MIRACLE-GRO COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 11/24/2023								X	X Officer (give title below) Other (specify below) Chairman, CEO and President					
14111 SCOTTSLAWN ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person						
MARYS	MARYSVILLE OH 43041														Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			Date,				s Acquired (A) or of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Price	,	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Shares 11/24/			11/24/2	.023	23			J	V	42.7807	A	\$46	.75	44,698.7512			D			
Common	Shares													27,384.083 I					By 401(K) Plan	
Common Shares														1,4	75,074		I	HPLP ⁽¹⁾		
		Tal	ble II -								osed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	itle of 2. 3. Transaction 3A. Deemed Execution Date, urity or Exercise (Month/Day/Year) if any			emed tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Exerc	sable and 7. Ti Amo sear) Secund Deri Secuse		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Number of							

Explanation of Responses:

1. Pursuant to Exchange Act Rule 16a-1(a)(1), the reporting person may be deemed, solely for purposes of determining whether he is a beneficial owner of more than 10% of the common shares of the Issuer ("Common Shares"), to be the beneficial owner of the securities of the Issuer that are held by Hagedom Partnership, L.P., a Delaware limited partnership in which the reporting person is a general partner (the "Partnership"). Represents the aggregate proportionate interest of the reporting person and those family members in whose holdings he may be deemed to have a pecuniary interest, in Common Shares held by the Partnership.

Remarks:

/s/ Kathy L. Uttley as attorney-in-fact for James

12/04/2023

<u>Hagedorn</u>

** 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.