FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OWNE	RSHIP

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

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

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

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1. Name and Address of Reporting Person* HAGEDORN ROBERT						2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HAGE	JURN R	<u>UBERT</u>			-	OCOTTO MINITELLE-GIVO CO [SWIG]								Dire	ctor		X 1	0% Owr	ner	
(Last) (First) (Middle) C/O HAGEDORN PARTNERSHIP, L.P.						3. Date of Earliest Transaction (Month/Day/Year) 07/16/2013								Offic belo	Other (spe below)		ecify			
800 POR	T WASHI	NGTON BOULE	VARI)	\vdash															
(Street) PORT WASHINGTON NY 11050 (City) (State) (Zip)				- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
		Tabl	- I N	Jon Dori		Coo				- A D	ionoood o	f av F	Conofici	ally Own						
		Tabi	eı-r					SAC		ea, D	isposed o	-								
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Date,			3. 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a 5)				5. Amount Securities Beneficial Owned For Reported	Form: (D) or ollowing (I) (Ins		ership Direct Indirect tr. 4)	Indired Benefi	. Nature of ndirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Transactio	ion(s)		(iiii		4)	
Common Shares 07/16/201					013	13			S ⁽¹⁾		37,208	D	\$50.12	2,718	2,718,632		I		See footnotes ⁽²⁾⁽³⁾	
		Та	ble II								oosed of, convertib			•						
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4	ive ies cially ing ed ction(s)		ship of B (D) O rect (li	1. Nature f Indirect leneficial wnership nstr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Represents the sale for the account of Robert Hagedorn and certain family members of a portion of their proportionate interest in the Issuer's common shares (the "Common Shares") held by the Hagedorn Partnership. L.P.
- 2. 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, to be the beneficial owner of the securities of the Issuer that are held by Hagedorn Partnership, L.P., a Delaware limited partnership in which the Reporting Person is a general partner.
- 3. Represents the aggregate proportionate interest of Robert Hagedorn and those family members in whose holdings he may be deemed to have a pecuniary interest in the Common Shares held by Hagedorn Partnership, L.P.

Remarks:

/s/ Rob McMahon, Attorneyin-Fact

07/17/2013

** 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.