FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

	OMB APP	٦٢.
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	OMB APP	OMB APPROVAL							
ERSHIP	OMB Number:	3235-0287							
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	hours per response:	0.5							

Name and Address of Reporting Person*  LIA CEDODN LA MES					2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HAGEDORN JAMES			1~	State Mildred Site Co									ctor		X 10	0% O	wner			
(Last) (First) (Middle) C/O HAGEDORN PARTNERSHIP, L.P. 800 PORT WASHINGTON BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2012								Offic belo	er (give t w)	itle		ther ( elow)	specify		
(Street) PORT WASHIN (City)			11050 Zip)		4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)						S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(* 3)					4.		141													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y			.	Execution Da		on Date, Transact Code (Ins		ection Instr.				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				(IIISI	u. 4)	
Common Shares 09/1			09/10/20	)12				S <sup>(1)</sup>		117,098	D	\$43.15	2,637,584		I		See footnotes <sup>(2)(3)</sup>			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	rivative curity or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)		4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		8. Price of Derivative Security (Instr. 5)  Benefic Owned Followin Report Transa (Instr. 4)		tive Owner ties Form: cially Direct or Indi ing (I) (Insect		D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- 1. Represents the sale for the account of Jim 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 Jim 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

09/12/2012

\*\* 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.