### FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

IRITIES AND EXCHANGE COMMISSION
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OMB APPROVAL	-

OMB Number:	3235-0287
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy
the affirmative defense conditions of
Dula 10hF 1(a) Can Instruction 10

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Rule 10	0b5-1(c). See I	nstruction 10.																	
1. Name and Address of Reporting Person* HAGEDORN JAMES					2. Issuer Name <b>and</b> Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]							(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													1	Director		1	10% Ow	- 1	
(Last)	(1	First)	(Middle)	_  -									<b>V</b>	Officer (of below)	give title		Other (specification)	pecify	
C/O THE SCOTTS MIRACLE-GRO COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 11/26/2024									CEO and Chairman					
14111 SCOTTSLAWN ROAD			- 1	11/20/2027															
14111 80	JOTISLAV	WN ROAD		L															
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
MARYS	VILLE C	)H 	43041										1	_	ed by One Reporting Person ed by More than One Reporting			ng Person	
(City)	(5	State)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ite	Day/Year)  2A. Deemed Execution Date, if any (Month/Day/Year)		e, Transaction Dispose Code (Instr.			rities Acquired (A) or ed Of (D) (Instr. 3, 4 a					6. Own Form: (D) or I (I) (Inst	Direct I Indirect E tr. 4) (	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code			v	Amount	mount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				instr. 4)			
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title a Securitie Derivativ (Instr. 3 a	s Und e Sec	erlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title		ount or nber of ires		Transaction(s) (Instr. 4)				
Phantom Stock	(1)	11/26/2024		A		1,143.244		(2)		(2)	Common Shares	1,1	43.244	\$79.01	204,301	.817	D		

### **Explanation of Responses:**

- 1. Each share of phantom stock represents the right to receive one common share of Issuer or the cash value thereof.
- 2. Shares of phantom stock are payable in cash following termination of the reporting person's employment with Issuer. The reporting person may transfer his/her phantom stock into an alternative investment at any

## Remarks:

/s/ Kathy L. Uttley as attorneyin-fact for James Hagedorn

11/27/2024

\*\* 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.