FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average burd	en
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.

1. Name an	2. Is	Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer										
HAGE	SC	SCOTTS MIRACLE-GRO CO [SMG]								Check all app	,		**	201.0						
	.									Dire		itlo)% Owner ther (specify						
(Last)	3. D	3. Date of Earliest Transaction (Month/Day/Year) 07/23/2013								Officer (give title Other (s below) below)										
C/O HAC	07/																			
800 PORT WASHINGTON BOULEVARD																				
							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						
PORT NY 11050													Form filed by More than One Reporting							
					.									Pers	son					
(City)	(S	tate) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						Execution Date,			3. 4. Securities Acquired (A) or Transaction Code (Instr. 5)					Beneficially		6. Ownership Form: Direct (D) or Indirect		7. Nature of Indirect Beneficial		
					(Mont		th/Day/Year)		8)				Owned Following Reported		(I) (Instr. 4)		Ownership (Instr. 4)			
										v	Amount	(A) or (D)	Price	Transaction (Instr. 3 ar						
Common Shares 07/23/201						13			S ⁽¹⁾		17,191	D \$50.		2,626,349		I		See footnotes ⁽²⁾⁽³⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pı	uts, c	alls,	warr	ants	, opti	ons,	convertib	le sec	urities)							
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execut irity or Exercise (Month/Day/Year) if any			emed tion Date, //Day/Year) 4. Transi Code 8)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (or Indir (I) (Inst	Beneficial Ownership ect (Instr. 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 Hagedom 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

07/24/2013

** 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.