| SEC For | m 4 | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|-------|------------------------------|---|--|------|--|--------|---------------------|--|--------------------------------|-------------------------------------|---|--|---------------|--|---|--|
| | FORM | 4 (| UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filec Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for | | | | | | | IT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | CMB Numt Estimated a hours per r | | | 3235-0287 en 0.5 | |
| securiti intende defense | chase or sale of es of the issues ed to satisfy the e conditions of struction 10. | that is | | | | | | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person [*] Kingdon Mark D | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>SCOTTS MIRACLE-GRO CO</u> [SMG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | wner | |
| (Last) (First) (Middle) C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2024 | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) MARYSVILLE OH 43041 | | | | | | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | action | 2 E ar) if | A. Deemed xecution Date, any Month/Day/Yea | | a, Transactio Code (Inst | | 4. Secur Dispose | of, or Benefic ities Acquired (A) d Of (D) (Instr. 3, 4 | |) or | 5. Amou Securitie Beneficia Owned F | nt of s ally ollowing | Form (D) o | vnership 1: Direct r Indirect 1str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) ((D) | or P | rice | Reported Transact (Instr. 3 a | tion(s) | | | (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. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | 5. Number of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactiv (Instr. 4) | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amo or Num of Shar | iber | | | | | | |
| Dividend Equivalent Rights | (1) | 12/06/2024 | | | Α | | 48 | | (1) | | (1) | Common Shares | 4 | 8 | \$75.47 | 240 | | D | | |
| Explanation | n of Respons | es: | | | | | | | | | | | | | | | | | | |

1. The dividend equivalent rights accrued on DSU or RSU grants and become exercisable proportionately with the DSUs or RSUs to which they relate. Each dividend equivalent right is the economic equivalent of one common share of the Issuer.

Remarks:

<u>/s/ Kathy L. Uttley as attorney-</u> <u>in-fact for Mark D. Kingdon</u> <u>12/10/2024</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.