FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| Section 16. Form 4 or Form 5 | |
| abligations may continue Cos | |

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* HAGEDORN PETER | | | | | 2. Issuer Name and Ticker or Trading Symbol SCOTTS COMPANY [SMG] | | | | | | | | . Relationshi Check all app Direc | olicable) ctor | | X 1 | 0% Own | ner | |
|--|--|--|-----------------|-------|--|--|--|---------------------------------|--|-------------------|---|---|---|---|--|---|--|---|---|
| (Last) (First) (Middle) C/O HAGEDOM PARTNERSHIP LP 800 PORT WASHINGTON BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2004 | | | | | | | | | er (give w) | title | | other (sp elow) | pecify |
| (Street) PORT WASHINGTON (City) (State) (Zip) | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | . | Executi ear) if any | | tion Date, | | action (Instr. | | s Acquired (A) or f (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Shares 05/12/20 | | | | 004 |)4 | | | | | 1,207 | D | \$63.01 | 1,547, | | | See Footnotes ⁽²⁾⁽³⁾ | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execu if any | | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired 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. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Owner Form: Direct or Indii (I) (Inst | ship of Bo (D) Or rect (Ir | 1. Nature f Indirect leneficial wnership nstr. 4) |

Explanation of Responses:

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

/s/ Rob McMahon, Attorney-

in-Fact

05/13/2004

** 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.