FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	THE EXCLIMITE !	•
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OMB APPROVAL

OIVID AFFT	NOVAL
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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

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

	e conditions of ee Instruction 1																	
1. Name and Address of Reporting Person*  HAGEDORN JAMES					2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]							5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director  10% Owne					wner	
(Last) (First) (Middle) C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD				09/2	3. Date of Earliest Transaction (Month/Day/Year) 09/25/2024								Officer (give title Other (specify below)  Chairman, CEO and President					
(Street) MARYSVILLE OH 43041				4. 11 /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(Sta		<u>Zip)</u>	n-Deriva	ativo 9	Secu	ritios Acc	uirad	Die	enosad of	or B	anofic	ially (	Own	od.			
1. Title of Security (Instr. 3) 2. T		2. Transac Date	2. Transaction Date		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)			ed (A) o	nd S	5. Amo Securit Benefic Owned	unt of ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) oi (D)	Price	.   1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Shares 09/25/2			024		J	V	29.3083	A	\$68	.24	24 87,398.960		D					
Common	Shares													28,2	299.884			By 401(K) Plan
Common Shares												1,231,147			I	HPLP <sup>(1)</sup>		
		Tal	ole II -							osed of, convertib				wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Expira (Month	tion D	Year) Securit Underly Derivat		nt of ties ying tive ty (Instr.	8. Pri Deriv Secu (Instr	ative rity	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
					Code	v	(A) (D)	Date Exercisable		Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

1. 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 of the Issuer ("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 (the "Partnership"). Represents the aggregate proportionate interest of the reporting person and those family members in whose holdings he may be deemed to have a pecuniary interest, in Common Shares held by the Partnership.

## Remarks:

/s/ Kathy L. Uttley as attorney-in-fact for James

10/15/2024

**Hagedorn** 

\*\* 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.