FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Washington	D.C.	20549	

OMB APPROVAL										
OMB Number:	3235-0287									
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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).

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

defens 1(c). So	e conditions of ee Instruction 1	Rule 10b5- 0.																	
1. Name and Address of Reporting Person*  HAGEDORN JAMES				2. Issuer Name <b>and</b> Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]								5. Relationship of Reporting Person(s) to Issu (Check all applicable)    Director   10% Own					wner		
	(Fir E SCOTTS COTTSLAV	MIRACLE-GRO	Middle)	<b>IPANY</b>	10/2	3. Date of Earliest Transaction (Month/Day/Year) 10/25/2024								<b>V</b>	below Chai	rman, CE		nt	
	VILLE OF		3041		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line)					
(City)	(Sta		Zip)	n Doriva	tivo 9	Socur Socur	ritios	Λ.c.	uirod	Die	nosod of	or B	Ponofic	-iall	, Own	od			
1. Title of Security (Instr. 3) 2. T		2. Transac Date (Month/Da	tion 2A. Deeme		eemed ution E	i Date,	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ired (A)	or	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	Pric	ico Tran		action(s) . 3 and 4)			(IIISti. 4)
Common Shares 10/25/2			2024	024			J	V	27.185	A	. \$7	3.57	87,426.1452			D			
Common	Shares														28,2	299.884		I	By 401(K) Plan
Common Shares													1,231,147			I	HPLP <sup>(1)</sup>		
	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)	erivative ecurity or Exercise nstr. 3)  Price of Derivative Security  Date (Month/Day/Year)  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  Security		Transa Code (		5. Nu of Deriv Secu Acqui (A) of Dispo of (D) (Instrand £	rities lired r osed ) r. 3, 4	6. Date Expirat (Month)	ion Da /Day/Y	Vear)  Securities Underlying Derivative Security (Inst 3 and 4)  Amoun or Numbo of		int of ities rlying ative ity (Instr 4)  Amoun or Numbe	Der See (Ins	8. Price of Derivative Security (Instr. 5)  Bene Own Folic Repp Tran (Inst		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **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

11/06/2024

**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.