## FORM 4

## **UNITED STATES SECU**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

IRITIES AND EXCHANGE COMMISSION
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OMB APPRO	VAL
OMB Number:	3235-0287
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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

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

			24	Code	ode V (A)	(A)	(D)	Date Exercisable		xpiration	Title		nber of	per of es	(msu. 4)	382.006	D	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Am Securities Und Derivative Sec (Instr. 3 and 4)		erlying	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s B Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Table II - D					uired, Di s, option						wned				
							Code	v	Amount	(A) (D)	or	Price	Transactio (Instr. 3 an				1150. 4)	
1. Title of Security (Instr. 3)  2. Trans. Date					Day/Year) Execution Day		cution Date, Tra		Transaction Disposed Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar			5. Amount Securities Beneficiall Owned Fol Reported	Form (D) (D) (I) (I)		Direct Ir Indirect B tr. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)
(City)	(	State)	(Zip)	Deriva	tive S	Securitie:	s Ac	cquired,	Disp	osed o	of, or B	enefi	cially	Owned				
(Street) MARYSVILLE OH 43041					4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person						
C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD					12/26/2024						CEO and Chairman							
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							7	Officer (o			Other (sp below)	ecify	
1. Name and Address of Reporting Person*  HAGEDORN JAMES					2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]							ationship of k all applical Director	10% Ow	ner				
													_					

## Explanation of Responses:

- 1. Each share of phantom stock represents the right to receive one common share of Issuer or the cash value thereof.
- 2. Shares of phantom stock are payable in cash following termination of the reporting person's employment with Issuer. The reporting person may transfer his/her phantom stock into an alternative investment at any

## Remarks:

/s/ Kathy L. Uttley as attorneyin-fact for James Hagedorn

12/30/2024

\*\* 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.