FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinaton | D C 20E40 | |
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| Washington, | D.C. 20549 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| 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).

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

| 1. Name and Address of Reporting Person* Johnson Stephen L | | | | SC0 | Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | neck all ap | | ng Pei | rson(s) to Iss 10% Ow Other (s | ner | |
|---|--|--|--|---------|--|------------|--|--------------|--|---|--|------------------|---|------------------------|---------------|--|---|--|
| (Last) | (F | irst) (| Middle) | | 06/0 | 06/09/2023 | | | | | | | | belo | w) ` | | below) | |
| C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD | | | | 4. If A | 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 | | | | | |
| (Street) MARYSVILLE OH 43041 | | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | e I - Noi | n-Deriv | ative S | Sec | uritie | es Ac | quired, E | Disp | osed | of, or Be | eneficia | lly Owi | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | Code (Instr. | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | nd Secu Bene Own | icially d Following | Forn (D) o | n: Direct or Indirect Enstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | Code | | | | v | Amoun | Amount (A) or (D) | | Trans | ported ansaction(s) str. 3 and 4) | | | (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. Deen Executio if any (Month/D | n Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration I (Month/Day | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price (Derivativ Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | | | | |
| Dividend Equivalent Rights | (1) | 06/09/2023 | | | A | | 63 | | (1) | | (1) | Common Shares | 63 | \$61.5 | 215 | | D | |

Explanation of Responses:

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:

/s/ Kathy L. Uttley as attorneyin-fact for Stephen L. Johnson 06/13/2023

** 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.