Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- 1											
	OMB APPROVAL										
	OMB Number:	3235-0287									
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	hours per response:	0.5									

						10	Section	30(h)	of the	Invest	ment (Compa	any Act	of 1940								
1. Name and Address of Reporting Person* HAGEDORN JAMES							2. Issuer Name and Ticker or Trading Symbol SCOTTS COMPANY [SMG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						-											er (give	title	C		wner specify	
(Last) (First) (Middle) C/O HAGEDORN PARTNERSHIP, L.P. 800 PORT WASHINGTON BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 05/13/2004										below) below) Chief Executive Officer						
(Street) PORT WASHINGTON NY 11050				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	((State)	(2	Zip)																		
			Table	e I - I	Non-Deriv	/ativ	e Seci	uritie	s Ac	quire	ed, D	Dispo	sed o	f, or E	Benefici	ally Own	ed					
Da			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		e,	3. Transa Code (1 8)						5. Amount Securities Beneficiall Owned Fo Reported	у	Form: Di (D) or Inc		Indir Bene	eficial ership			
										Code	v	Amou	unt	(A) or (D)	Price	Transactio (Instr. 3 an				(ilist	1. 4)	
Common Shares				05/13/2004					S ⁽¹⁾		19,	,858	D	\$62.99	1,843,244		I		See Footnotes ⁽²⁾⁽³⁾			
Common Shares 05/14/200					004	04			S ⁽¹⁾		25,	,600	D	\$62.61	1,817,644		I		See Footnotes ⁽²⁾⁽³⁾			
			Ta	ble I	I - Deriva (e.g., p										neficiall curities)	y Owned		,				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercis Price of Derivative Security	on Date se (Mo	Date	3A. Deemed Execution Date, if any (Month/Day/Year)			saction (Instr.	5. Number of Derivative Securitie Acquired (A) or Disposed of (D) (Instr. 3, and 5)		Expir	ation	ercisable and Date //Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4	ive ties cially l ing ed ction(s)	10. Owner: Form: Direct or India (I) (Inst	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
															Amount or Number							

Explanation of Responses:

1. Represents the sale for the account of James 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.

(D)

Date Exercisable

Expiration Date

- 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 James 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, Attorneyin-Fact

of Shares

Title

05/17/2004

** 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.