FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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).

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

					or s	Section	1 30(n)	or the	investr	ment C	ompany Act	of 1940								
1. Name and Address of Reporting Person* HAGEDORN SUSAN						2. Issuer Name and Ticker or Trading Symbol SCOTTS COMPANY [ SMG ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HAUEDOKN SUSAN											-			Dire	ctor		X 10	% Owr	ner	
(Last) (First) (Middle) C/O HAGEDORN PARTNERSHIP LP 800 PORT WASHINGTON BLVD						3. Date of Earliest Transaction (Month/Day/Year) 02/05/2004								Offic belo	er (give t w)	itle		her (sp low)	pecify	
					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)													L	ine)	C1 11			_		
PORT	.c. N	<b>Y</b> 1	11050												n filed by					
WASHINGTON NY 11030												Pers	n filed by son	wore u	ian One	кероп	ung			
(City)	(S	tate) (	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Disposed Of 5)			s Acquired (A) or f (D) (Instr. 3, 4 an		5. Amount Securities Beneficial Owned Fo	s Form: ally (D) or ollowing (I) (Ins		Indirect	Indired Benefi Owner	eneficial wnership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Shares 02/05/200						04			s <sup>(1)</sup> 2,615		D	\$61.61	1 1,768,494				see footn	notes(2)(3)		
		Та	ble II								osed of, convertib									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exerc ation D th/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)			10. Owners Form: Direct (I or Indire (I) (Instr	hip of B O) O ect (li	1. Nature of Indirect deneficial dwnership nstr. 4)	
					Code	de V (A)		(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							

## Explanation of Responses:

- 1. Represents the sale for the account of Susan 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.
- 2. Pursuant to Exchange Act Rule 16a-1(a)(1), the Reporting Person may be deemed, solely for purposes of determining whether she 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 Hagedorn Partnership, L.P., a Delaware limited partnership in which the Reporting Person is a general partner.
- 3. Represents the aggregate proportionate interest of Susan Hagedorn and those family members in whose holdings she may be deemed to have a pecuniary interest in the Common Shares held by Hagedorn Partnership, L.P.

/s/ Rob McMahon, Attorneyin-Fact 02/06/2004

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.