FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
1	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

Name and Address of Reporting Person*     Hagedorn Partnership, L.P.					2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					)wner	
(Last) (First) (Middle) 800 PORT WASHINGTON BOULEVARD						3. Date of Earliest Transaction (Month/Day/Year) 07/12/2013										Office belov	er (give title w)		Other below	(specify
(Street) PORT WASHINGTON NY 11050			4. If	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)	(St		Zip)																	
		Tabl	e I - Noi	n-Deriva	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)						Execution		n Date,			ties Acquired (A) I Of (D) (Instr. 3, 4			and Sec Ber Ow		ecurities I eneficially (		Ownership rm: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (I	(A) or (D) Pr			Transa	action(s) . 3 and 4)			(
Common Shares 07/12/2				/2013	2013 s 72,567 D S		\$50	0.24 17,277,835			D									
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)	rivative Conversion or Exercise Str. 3)  Price of Derivative Security  Date (Month/Day/Year)  If any (Month/Day/Year)  Tr. Cc (Month/Day/Year)		4. Transa Code ( 8)		. Deriv	rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount mber	-		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

Remarks:

/s/ Rob McMahon, Attorney-

in-Fact

07/15/2013

\*\* 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.