FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	DVAL							
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l	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

Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Common Shares Date (Month/Day/Year) Common Shares Date (Month/Day/Year) Da	Name and Address of Reporting Person* Hagedorn Partnership, L.P.						2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG]										all app Direc		ig Pers	10% C	wner
City	` ' '						` ' '														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/	PORT NV 11050					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									X Form filed by One Reporting Person Form filed by More than One Reporting					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 3. Transaction (D) (Instr. 3, 4 and 5) 3. Transaction (D) (Instr. 4) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Amount of Securities Beneficially Owned (Instr. 4) 5. Namure of Securities Beneficially Owned (Instr. 4) 6. Date Exercisable and Expiration Date (Month/Day/Year) 8. Price of Derivative Securities Derivative Securities Derivative Securities (Month/Day/Year) 8. Price of Derivative Securities D	(City)	(St																			
Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Code (Instr. 3) Code (Instr. 4)			Tabl	e I - Noi	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally	Owne	ed			
Common Shares O7/10/2013 S	Date						ur) E	Execution f any	recution Date,		Transaction Disposed Code (Instr. 5)						Secur Benef Owner	Securities Beneficially Dwned Following		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership
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) 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Security Security Security Security Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Number of derivative Securities (Month/Day/Year) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Security (Instr. 3) 8. Price of Derivative Security (Instr. 3) 9. Number of derivative Securities Underlying Derivative Security (Instr. 3) 9. Number of derivative Securities Underlying Derivative Security (Instr. 3) 9. Number of derivative Security (Instr. 3) 10. Ownership Form: Direct (D) Ownedd Transaction(s) (Instr. 4) 11. Nature of Month/Day/Year) 12. Nature of Expiration Date (Month/Day/Year) 13. Nature of Expiration Date (Month/Day/Year) 14. Nature of Expiration Date (Month/Day/Year) 15. Nature of Expiration Date (Month/Day/Year) 16. Date Exercisable and Expiration Date (Month/Day/Year) 17. Title and Amount of Securities (Month/Day/Year) 18. Price of Derivative Security (Instr. 3) 19. Number of derivative Security (Instr. 3) 10. Ownership Form: Direct (D) Owned Transaction(s) (Instr. 4)										Code	v	Amount			Price		Transaction(s)				(1130.4)
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Explanation of Responses:

Remarks:

/s/ Rob McMahon, Attorney-

in-Fact

** Signature of Reporting Person

07/11/2013

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.