SEC Form 4	
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## NITED STATES SECUDITIES AND EVOLANCE COMMISSION

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Section obligati	this box if no lo 16. Form 4 or ons may contin ion 1(b).	Form 5	ST		d purs	suant to	Sectio	n 16(a	) of the	Secu	Tities Exchange ompany Act	ge Act o		RSH	IP	Estin		ber: average burde esponse:	3235-0287 en 0.5
1. Name and Address of Reporting Person <sup>*</sup> <u>HAGEDORN KATHERINE</u> <u>LITTLEFIELD</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>SCOTTS MIRACLE-GRO CO</u> [ SMG ]									5. Relat (Check X	all appli Directe	,	2	wner (specify	
		st) ( ARTNERSHIP, GTON BOULE				3. Date of Earliest Transaction (Month/Day/Year) 05/04/2018								below) below)					
(Street) PORT WASHIN	N		1050		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								<ol> <li>6. Individual or Joint/Group Filing (Check Applicat Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ol>					on
(City)	(St	ate) (	Zip)																
		Tabl	e I - N	lon-Deriv	ative	e Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefic	ially C	Ownee	d			
Date			2. Transact Date (Month/Day	/Year) if any		ution Date,					es Acquired (A) or Df (D) (Instr. 3, 4 ar		d 5) 5. Amount of Securities Beneficially Owned Following Reported		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								[	Code	v	Amount	(A) oi (D)	Price	Transaction (Instr. 3 and		tion(s)			(Instr. 4)
Common	Common Shares 05/04/20		018	18			S		22,340.29	D	\$80.	<b>47</b> <sup>(1)</sup>	2,810,260				See footnote <sup>(2)</sup>		
Common Shares 05/04/20		018	18			S		10,672.71	D	\$81.	35 <sup>(3)</sup>	5 <sup>(3)</sup> 2,820,933			I	See footnote <sup>(2)</sup>			
Common Shares															6,	511		D	
		Та	ble II								oosed of, convertib				vned				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					ransaction of Code (Instr. Derivative		ative rities ired osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5) 3		9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Data		Expiration		Amount or Number						

Explanation of Responses:

1. The transaction was executed in multiple trades at prices ranging from \$80.00 to \$80.99. The price above reflects the weighted average sales price. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.

(A) (D) Exercisable Date

2. The common shares are directly held by the Hagedorn Partnership, L.P. (the "Partnership"). The Reporting Person is a general partner of the Partnership. The amount of shares reported as beneficially owned represent the aggregate proportionate interest in common shares held by the Partnership of the Reporting Person. The Reporting Person disclaims beneficial ownership of the common shares except to the extent of her pecuniary interest.

3. The transaction was executed in multiple trades at prices ranging from \$81.00 to \$80.66. The price above reflects the weighted average sales price. Detailed information regarding the number of shares sold at each separate price will be provided upon request by the Commission staff, the Issuer or a security holder of the Issuer.

**Remarks:** 

## /s/ Rob McMahon Attorneyin-Fact

Shares

Title

05/08/2018

\*\* Signature of Reporting Person Date

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

 $\ast$  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).

Code V

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.