FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vvasiliigton,	D.C.	20040

STATEMENT	OF CH	ANGES II	N BENEFICI	AL OWN	NERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	e: 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

1. Name and Address of Reporting Person*  Hagedorn Partnership, L.P.						2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ]  3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner  Officer (give title below)  Other (specify below)					wner
(Last) 800 POR	Fir T WASHIN	st) (r IGTON BOULE	Middle)	)		4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable ine)						
(Street) PORT WASHIN	NGTON NY	<i>7</i> 1	1050											X		filed by One filed by Mo		•	
(City)	(Sta	ate) (Z	Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to		
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day			Execution Date,		,			Acquired (A) or (D) (Instr. 3, 4 an		nd 5)   Securit Benefic		ties F cially (I d Following (I		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) or (D) Price			Transa	saction(s) r. 3 and 4)			(111311. 4)		
Common	Shares			02/26/20	)24			S		4,330	D	D \$60 <sup>(1)</sup>		13,877,038			D		
Common Shares 02/27/2			02/27/20	024			S		13,670	D	\$60.	13,863,		363,368		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)	vative Conversion Date Execution Date, Turity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr. 4)  Amount or Number	Der Sec (Ins		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (E or Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code	Code V (A) (D)		Date Expiration of		of Shares									

## Explanation of Responses:

- 1. The transaction was executed in multiple trades at prices ranging from \$60.00 to \$60.03. 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.
- 2. The transaction was executed in multiple trades at prices ranging from \$60.00 to \$60.29. 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.

/s/ Rob McMahon - Attorney-

in-Fact for Hagedorn 02/28/2024

Partnership, L.P.

\*\* 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.