FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

		00540
Vashington,	D.C.	20549

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ANNUAL STATEMENT	OF	CHANGES	IN E	BENEF	ICIAL

OMB APP	ROVAL							
OMB Number:	3235-0362							
Estimated average burden								
hours per response:	1.0							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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Form 4	Transactions R	deported.	File	ed pursuant to or Section					ities Excha ompany Ac							
1. Name and Address of Reporting Person* <u>Hagedorn Partnership, L.P.</u>		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								
(Last) 800 POR	(Fir	st) (I	Middle) VARD	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2011				Year)	Officer (give title below) Other (specify below)							
(Street) PORT WASHIN	IGTON NY	7 1	1050	4. If Amen	dment	, Date o	of Orig	jinal File	d (Month/E	Day/Year	′ I		n filed by O	ne Re	eporting Pe	rson
(City)	(Sta		Zip)													
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	ed, Di	sposed	of, or	Beneficia	ally Owne	ed			
Da		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Securiti Benefic	es Ow ially For		ership n: Direct	7. Nature of Indirect Beneficial	
								Amount		(A) or (D)	Price	Issuer's	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		ect (I) r. 4)	Ownership (Instr. 4)
Common Shares			09/16/2011		G		ř	11	,000	D \$0		18,978,353		D		
1. Title of	2.	Ta 3. Transaction	ble II - Derivat (e.g., p	ive Secur uts, calls,	warr		opti	ons, o	converti		curities)		9. Numbe	r of	10.	11. Nature
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rative rities ired r osed)	Expiration Date (Month/Day/Year)			ation Date th/Day/Year) Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Number of Shares					

Explanation of Responses:

Remarks:

/s/ Rob McMahon - Attorney-

10/17/2011

Date

in-Fact

** Signature of Reporting Person

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.