FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
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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 JAMES					2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (cline title Check (needify))							
(Last) (First) (Middle) C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/14/2011								X Officer (give title below) CEO and Chairman								
(Street) MARYSVILLE OH 43041 (City) (State) (Zip)				- 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							
		Tabl	e I - N	Non-Deriv	ative	Sec	uritie	s Ac	quir	ed, D	isposed o	f, or E	Benefic	ially	Owne	ed				٦
1. Title of Security (Instr. 3)		2. Transacti Date (Month/Day	Execu (Year) if any		eemed ution Date, ' th/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		ly	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)		(Inst		(Instr. 4)		
Common Shares			02/14/20	4/2011				S ⁽¹⁾		85,729	D	\$52.18	8	2,973,956		I		See footnotes ⁽²⁾⁽	(3)	
Common Shares												ϵ	7,413	.9339	I	D		\neg		
Common	Shares													-	4,101.	1569		I	By DSPP	\neg
Common Shares				30,690.846		.846 I		By 401(k) Plan												
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, h/Day/Year)	4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	rative rities ired r osed)	Expiration Da (Month/Day/Yo		expiration	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		Deri Sec (Ins	8. Price of Derivative Security (Instr. 5) Security Owned Follow Report Transa (Instr. 4		tive Owner Form: Direct or Indi (I) (Insided action(s)		Beneficia O) Ownershi ect (Instr. 4)	t d

Explanation of Responses:

- 1. Represents the sale for the account of James Hagedorn of a portion of his proportionate interest in the Issuer's common shares (the "Common Shares") held by the Hagedorn Partnership, L.P.
- 2. Pursuant to Exchange Act Rule 16a-1(a)(1), the Reporting Person may be deemed, solely for purposes of determining whether he is a beneficial owner of more than 10% of the Common Shares, to be the beneficial owner of the securities of the Issuer that are held by Hagedom Partnership, L.P., a Delaware limited partnership in which the Reporting Person is a general partner.
- 3. Represents the aggregate proportionate interest of James Hagedorn and those family members in whose holdings he may be deemed to have a pecuniary interest in the Common Shares held by Hagedorn Partnership, L.P.

Remarks:

/s/ Rob McMahon, Attorneyin-Fact

02/15/2011

** 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.