FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGI	S IN BEN	EFICIAL C	WNERSHIP
I A I E IVIE IVI	OI OIIANO	LO IIV DEIV	LI IOIAL C	VVIVEICOIIII

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

	Check this box if no longer subject to
\neg	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

					01 ,	Section	30(11)	or tire	IIIVESI	unent C	Ullipally Act	01 1340								
1. Name and Address of Reporting Person* HAGEDORN PETER					2. Issuer Name and Ticker or Trading Symbol SCOTTS COMPANY [SMG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
HAGEDORN PETER													I^{-}	Dire	ctor		X 10	0% Ow	/ner	
(Last) (First) (Middle)				3. 🖸	Date of Earliest Transaction (Month/Day/Year)								Officer (give title Other (specify below) below)					pecify		
C/O HAGEDOM PARTNERSHIP LP					11/	11/04/2004														
800 WAS	HINGTON	BLVD																		
	inivo i Orv	BEVB			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)					""	4. II Ameridment, Date of Original Filed (Month/Day/Tear)								Line)						
PORT			4050											X Form filed by One Reporting Person						
WASHIN	IGTON N	<i>(</i> 1	1050											Form filed by More than One Reporting Person						
(City)	(St	ate) (Zip)																	
		T-1-1		Nama Banda		0		- 4 -				£	> 6 : - :	- 11 0	1					
		Iadi	e ı - ı	Non-Deriv	ative	Seci	uritie	_		ea, Di	sposea o	or, or E	senetici	ally Own	ea					
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				Execution Da		te,	Code (Instr		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount Securities Beneficiall Owned Fol	Form: I ly (D) or li		Direct Indi Indirect Ben tr. 4) Owi		lature of irect neficial nership			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		"		(Instr.	4)	
Common Shares 11/04/200					004)4			S ⁽¹⁾		8,114	D	\$65.06	6 1,495,811		1 1 1		See Footi	notes ⁽²⁾⁽³⁾	
		Та	ble I	I - Derivat						, ,	,			,						
						alis,	_		1		convertib	_		1						
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Derivative		ative rities ired osed	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)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V (A) (D)		(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Represents the sale for the account of Peter Hagedorn and certain family members of a portion of their 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 Hagedorn Partnership, L.P., a Delaware limited partnership in which the Reporting Person is a general partner.
- 3. Represents the aggregate proportionate interest of Peter 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.

/s/ Rob McMahon, Attorneyin-Fact

11/08/2004

** 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.