## FORM 4

## **UNITED STATES SEC**

Washington, D.C. 20549

| URITIES AND EXCHANGE COMMISSIC | 1 | ı |
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| OMB APPROVAL            |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number:             | 3235-0287                              |  |  |  |  |  |  |  |  |
| Estimated average burde | n                                      |  |  |  |  |  |  |  |  |
| hours per response:     | 0.5                                    |  |  |  |  |  |  |  |  |
|                         | OMB Number:<br>Estimated average burde |  |  |  |  |  |  |  |  |

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Rule 10   | 0b5-1(c). See I   | nstruction 10.                             |  |              |  |  |          |  |              |                  |   |                              |                                    |   |   |                     |  |  |  |  |
|---|---|--|--|--------------|--|--|----------|--|--------------|------------------|---|------------------------------|------------------------------------|---|---|---------------------|--|--|--|--|
| 1. Name and Address of Reporting Person* HAGEDORN JAMES |   |  |  |              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [ SMG ] |  |          |  |              |                  |   |                              | (Chec                              | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                     |  |  |  |  |
|   |   |  |  |              |  |  |          |  |              |                  |   |                              | 1                                  | Director  | vivo titlo  | 1                   | 10% Ow   | - 1                                      |  |  |
| (Last)  | (F  | First)                                     | (Middle)   | -            | 2 D. (   |  | <b>.</b> |  | 11. /D       | . 0()            |   |                              | <b>V</b>                           | Officer (of below)  | give title  |                     | Other (spector)  | Decity                                   |  |  |
| C/O THE SCOTTS MIRACLE-GRO COMPANY                      |   |  |  |              | 3. Date of Earliest Transaction (Month/Day/Year) 09/26/2024                      |  |          |  |              |                  |   |                              |                                    | Chairman, CEO and President   |   |                     |  |  |  |  |
|   | COTTSLAV  |  | COMPINI  |              |  |  |          |  |              |                  |   |                              |                                    |   |   |                     |  |  |  |  |
| ,   |   | · · · · · · · · · · · · · · · · · · ·      |  | ⊦            |  |  |          |  |              |                  |   |                              |                                    |   |   |                     |  |  |  |  |
| (Street)  |   |  |  |              | 4. If Amendment, Date of Original Filed (Month/Day/Year)                         |  |          |  |              |                  |   |                              | 6. Ind<br>Line)                    | 6. Individual or Joint/Group Filing (Check Applicable Line)             |   |                     |  |  |  |  |
| MARYS   | VILLE C   | Н  | 43041  |              |  |  |          |  |              |                  |   | V                            | Form filed by One Reporting Person |   |   |                     |  |  |  |  |
| ,   |   |  |  |              |  |  |          |  |              |                  |   |                              |                                    | Form file   | d by More   | than C              | One Reporti  | ng Person                                |  |  |
| (City)  | (8  | State)                                     | (Zip)  |              |  |  |          |  |              |                  |   |                              |                                    |   |   |                     |  |  |  |  |
|   |   | Т  | able I - Non-D   | erivat       | tive S   | ecuritie   | s A      | quired,  | Disp         | posed o          | of, or B  | ene                          | ficially                           | Owned   |   |                     |  |  |  |  |
| 1. Title of S   | Security (Ins   | tr. 3)                                     | ction 2A. Deemed 3. 4. Securities Acquired (A) o<br>Execution Date, Transaction Disposed Of (D) (Instr. 3, 4 a |              |  |  |          |  |              |                  |   | 6. Ownership<br>Form: Direct |                                    | 7. Nature of Indirect   |   |                     |  |  |  |  |
| Date (Month/D   |   |  |  |              | y/Year)  | if any<br>(Month/Day/Yea   |          | Code (li   | Code (Instr. |                  | (A) or  |                              | , 4 anu 5)                         | Beneficiall<br>Owned Fol  |   |                     | Indirect I<br>str. 4)  | Beneficial<br>Ownership                  |  |  |
|   |   |  |  |              | (  |  | ·   ·    |  |              |                  |   |                              | Reported<br>Transactio             | ٠ ١   | (.) (   | (Instr. 4)          |  |  |  |  |
|   |   |  |  |              |  |  |          | Code   | v            | Amount           | (D)   |                              | Price                              | (Instr. 3 an  |   |                     |  |  |  |  |
|   |   |  | Table II - De  |              |  |  |          |  |              |                  |   |                              |                                    | wned  |   |                     |  |  |  |  |
|   |   |  | (e.  | g., pu       | ts, ca   | lls, warr  | ants     | s, option  | s, c         | onverti          | ible sec  | urit                         | ies)                               |   |   |                     |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)  | Code (Instr. |  | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed of<br>(D) (Instr. 3, 4<br>and 5) |          | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |              |                  | 7. Title a<br>Securitie<br>Derivativ<br>(Instr. 3 | s Und                        | lerlying<br>urity                  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                     | 9. Number derivative Securitie Beneficia Owned Following Reported Transacti | e<br>s<br>ally<br>g | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>tt (Instr. 4) |  |  |
|   |   |  |  | Code         | v  | (A)  | (D)      | Date<br>Exercisabl   |              | xpiration<br>ate | Title   | Nu                           | ount or<br>mber of<br>ares         |   | (Instr. 4)  | 1011(3)             |  |  |  |  |
| Phantom<br>Stock  | (1)   | 09/26/2024                                 |  | A            |  | 1,085.674  |          | (2)  |              | (2)              | Commor<br>Shares                                  | 1,0                          | 085.674                            | \$83.2  | 202,135   | .214                | D  |  |  |  |

#### **Explanation of Responses:**

- 1. Each share of phantom stock represents the right to receive one common share of Issuer or the cash value thereof.
- 2. Shares of phantom stock are payable in cash following termination of the reporting person's employment with Issuer. The reporting person may transfer his/her phantom stock into an alternative investment at any

# Remarks:

/s/ Kathy L. Uttley as attorneyin-fact for James Hagedorn \*\* Signature of Reporting Person

09/30/2024

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.