FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------------------|----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |
| | Estimated average burden | | | |

hours per response:

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

| Name and Address of Reporting Person* Hagedorn Christopher | | | | | 2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG] | | | | | | | | | Check | tionship of Reportin all applicable) Director | | 10% O | | wner |
|--|--|--|----------|--------------------------------|---|---|--------|---|--|---|----------|---|----------------------|---|---|--|--------------------------|--|--|
| (Last) | (Fir | st) (N MIRACLE-GRO | /liddle) | IPANY | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024 | | | | | | | | X | Officer (give title below) Division | | Other (below) President | | specify |
| 14111 SCOTTSLAWN ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) MARYSVILLE OH 43041 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | ľip) | | 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 | Secur | rities | Acq | uired, | Dis | posed of | or Be | nefic | ially | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | Execution Da | | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | , 4 and Secu Bene | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) o | Price | Transa | | ction(s) 3 and 4) | | | (111341. 4) | |
| Common Shares 02/28/2 | | | | | 2024 | | | D | | 16,507 | 507 D | | 0 | 49,668.5824 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed on Date, (Day/Year) | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

/s/ Kathy L. Uttley as attorney-in-fact for

02/28/2024

Christopher J. Hagedorn ** 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.