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SCOTTS M	IRACLE-GRO C	0									
Form 4											
November 1	3, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th	is box		vv as	sington,	D.C. 203	549				January 31,	
if no long		IENT O	Г СНАХ	ICES IN	RENEFI	CIA		JERSHIP OF	Expires:	2005	
subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average			
Form 4 o									burden hours per response 0.5		
Form 5		suant to S	Section 1	6(a) of th	e Securit	ies Ez	xchange	Act of 1934,	1esponse 0.5		
obligatio	ns Section 17(U	1935 or Section	ı		
may cont See Instr	inue.			vestment	•	· ·					
1(b).	uction	()			1	0					
(Print or Type I	Responses)										
1. Name and Address of Reporting Person _2. IssueHagedorn Partnership, L.P.Symbol				r Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
								Issuer			
			•	'S MIRAG	CLE-GRO) CO	1				
	[SMG]					(Check all applicable)					
(Last)	(First) (N	Middle)	3. Date of	f Earliest Tı	ransaction			Director	_X_ 10%	Owner	
			(Month/E	Day/Year)				Officer (give title Other (specify below)			
800 PORT WASHINGTON 11/11/2				2014							
BOULEVA	RD										
	(Street)		4. If Ame	Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Month/Da				nth/Day/Year	;)			Applicable Line)			
_X_Form filed by O							ne Reporting Person ore than One Reporting				
PORTWAS	SHINGTON, NY	11050						Person		portung	
(City)	(State)	(Zip)	Tab	e I - Non-E	Derivative S	Securi	ties Acqu	iired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	2A. Deer	ned	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	n Date, if					Securities	Ownership	Indirect		
(Instr. 3) any (Month/I			Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Beneficially Owned	Beneficial Ownership		
		(10101111/1	<i>(</i> , <i>)</i> , <i>(</i> , <i>i</i>	(1150.0)				Following	(D) or Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
~				Code V	Amount	(D)	Price	(Insu: 5 and 4)			
Common	11/11/2014			S	74,490	D	\$	16,150,117	D		
Shares							60.25	, ,			
Common Shares	11/12/2014			S	50,206	D	\$ 60.49	16,099,911	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Hagedorn Partnership, L.P. 800 PORT WASHINGTON BOULEVA PORT WASHINGTON, NY 11050	RD	Х						
Signatures								
/s/ Rob McMahon, Attorney-in-Fact	11/13/2014							
**Signature of Reporting Person	Date							
Evaluation of Decreases								

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.