Edgar Filing: SCOTTS MIRACLE-GRO CO - Form 4

SCOTTS M Form 4	IRACLE-GRO C	2O									
August 12, 2	2015										
FORM										PROVAL	
	UNITED	STATES					NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 of Form 5 obligatio may com <i>See</i> Instr 1(b).	F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type]	Responses)										
2			2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) C/O HAGEDORN PARTNERSHIP, L.P., 800 PORT WASHINGTON BOULEVARD			3. Date of Earliest Transaction (Month/Day/Year) 08/10/2015					Director X 10% Owner Officer (give title below) Other (specify below)			
	(Street)	reet) 4. If Amendment, Date Original Filed(Month/Day/Year)						 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
PORT WAS	SHINGTON, NY	11050						Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Execution any		3. 4. Securities Acquired Transactior(A) or Disposed of (E Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Pri			l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Shares	08/10/2015			S <u>(1)</u>	44,787	, í	\$ 66.17	1,617,649	Ι	See footnotes (2) (3)	
Common Shares	08/11/2015			S <u>(1)</u>	42,761	D	\$ 65.53	1,595,906	Ι	See footnotes (2) (3)	

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

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information contained in this form are not
required to respond unless the formSEC 1474
(9-02)

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displays a currently valid OMB control number.

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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	ate	7. Title a Amount Underlyi Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	or Title N of	lumber		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
HAGEDORN SUSAN C/O HAGEDORN PARTNERSHIP, L.P 800 PORT WASHINGTON BOULEVA PORT WASHINGTON, NY 11050		Х						
Signatures								
/s/ Rob McMahon, Attorney-in-Fact	08/12/2015							
**Signature of Reporting Person	Date							
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).
- (1) Represents the sale for the account of Susan 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.
- Pursuant to Exchange Act Rule 16a-1(a)(1), the Reporting Person may be deemed, solely for purposes of determining whether she is a
 (2) 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 Susan Hagedorn and those family members in whose holdings she may be deemed to have a pecuniary interest in the Common Shares held by Hagedorn Partnership, L.P.

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.