Edgar Filing: SCOTTS COMPANY - Form 4

CONTRACTOR OF ANY

scorrs co	JMPANY										
Form 4											
December 2	8, 2004										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	PROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check th				_					Expires:	January 31,	
if no lon subject t		AENT O	F CHAN	GES IN	BENEFI	CIA	LOWN	NERSHIP OF		2005	
Subject to Section				SECURITIES					Estimated average burden hours per response 0		
Form 4 c											
Form 5	Filed pur	suant to S	Section 1	6(a) of th	e Securit	ies E	xchange	e Act of 1934,	10300130	0.0	
obligatio	ons Section 17(•	1935 or Sectior	n		
may con	tinue.			vestment	0				•		
See Instr	ruction	50(II)	of the fil	i vestinent	Compan	y AC	1 01 174	0			
1(b).											
(Print or Type	Responses)										
(
1. Name and Address of Reporting Person 2. Issuer Name and Ticker or Trading 5. Relationship of							5 Relationship of	Reporting Pers	on(s) to		
				ssuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
Intoldor			Symbol					(Check all applicable)			
			SCOTT	'S COMP	ANY [SI	MG]					
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction								
			(Month/I	(Month/Day/Year)				DirectorX 10% Owner			
800 PORT WASHINGTON BLVD 1			12/23/2	004				Officer (give title Other (specify below)			
				endment, Da	-			6. Individual or Joint/Group Filing(Check			
File				nth/Day/Year	r)			Applicable Line) _X_ Form filed by One Reporting Person			
	CHINCTON NV	11050						Form filed by O			
PORTWAS	SHINGTON, NY	11050						Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Securi	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deen	ned	· · · ·				5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	n Date, if					Securities	Ownership	Indirect	
(Instr. 3)		any		Code (Instr. 3, 4 and 5)			5)	Beneficially	Form: Direct		
		(Month/E	Day/Year)	(Instr. 8)				Owned	(D) or Indirect (I)	Ownership	
								Following Reported	Indirect (I) (Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)	(1130. 4)		
						or	D.	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price				
Common	12/23/2004			S	10,000	D	\$ 72.25	10,312,651	D		
Shares							72.35				
Common	12/27/2004			C	4 100	D	\$	10 200 551	D		
Shares	12/27/2004			S	4,100	D	72.59	10,308,551	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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HAGEDORN PARTNERSHIPS L P 800 PORT WASHINGTON BLVD PORT WASHINGTON, NY 11050		Х				
Signatures						
/s/ Rob McMahon, Attorney-in-Fact	12/28/2004					
<u>**</u> 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).

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.