Edgar Filing: HAGEDORN JAMES - Form 4

| HAGEDORN JAMES Form 4 June 28, 2018 | | | | | | | | | |
|---|---|--|-------------------|--------------------------|---|--|--|--|---|
| FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | N OMB Number: Expires: Estimated burden hou response | Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type Responses) | | | | | | | | | |
| 1. Name and Address of Repo HAGEDORN JAMES | rting Person <u>*</u> | 2. Issuer N Symbol SCOTTS [SMG] | | | | - | 5. Relationship o Issuer (Che | of Reporting Per eck all applicabl | |
| (Last) (First) C/O THE SCOTTS MIR COMPANY, 14111 SCO ROAD | | 3. Date of E (Month/Day 06/26/201 | /Year) | ansaction | | | X Director X Officer (giv below) Cha | X 10 ^o ve title Oth below) airman and CEC | er (specify |
| (Street) | | 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 Form filed by More than One Reporting | | | |
| MARYSVILLE, OH 430 | | | | | | | Person | | eporting |
| (City) (State) | (Zip) | Table | I - Non-D | erivative | Secu | rities A | cquired, Disposed | of, or Beneficia | lly Owned |
| | Date 2A. Deem ear) Execution any (Month/Da | Date, if Tr C ny/Year) (I | ransaction ode | Disposed (Instr. 3, 4 | (A) or of (D) and and (A) or |) | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Reminder: Report on a separat | e line for each cl | ass of securit | ies benefi | cially ow | ned di | rectly c | or indirectly. | | |

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 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. Transactio Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5 | Expiration D (Month/Day | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|----------------------------|--|------------------|---|--|
| | | | | Code V | (A) (E |) Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Phantom Stock | <u>(1)</u> | 06/26/2018 | | А | 1,103.941 | (2) | (2) | Common Shares | 1,103.94 | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|---|---------------|-----------|---------------------|-------|--|
| | Director | 10% Owner | Officer | Other | |
| HAGEDORN JAMES C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD MARYSVILLE, OH 43041 | Х | Х | Chairman and CEO | | |
| Signatures | | | | | |
| Kathy L. Uttley as attorney-in-fact for James Hagedorn | 06/ | 28/2018 | | | |
| **Signature of Deporting Derson | | Date | | | |

**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) 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 account into an alternative investment account at any time.

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.