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HAGEDOI Form 4	RN JAMES											
February 0												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMMISSION	OMB API OMB Number:	1B APPROVAL 3235-028	
Check if no lo	this box			C						Expires:	January 31, 2005	
subject Section Form 4	to SIAIE 16.	Estimated average burden hours per response 0										
Form 5 obligati may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the H	Public U	Utility	Ho		pany .	Act of 1	Act of 1934, 1935 or Section			
(Print or Type	e Responses)											
1. Name and HAGEDO							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			[SMG	-					(Cheek			
	(First) (SCOTTS MIRAC Y, 14111 SCOTT		3. Date (Month/ 02/06/	/Day/Ye		Fransaction		-	_X_ Director _X_ Officer (give t below) Chairr	X 10% itle Other below) nan and CEO	Owner (specify	
				I(Month/Day/Year) A					6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
MARYSV	TILLE, OH 43041							Ī	Form filed by Mo Person	ore than One Rep	orting	
(City)	(State)	(Zip)	Ta	ble I - N	lon-	Derivative Se	ecuriti	ies Acqui	ired, Disposed of,	or Beneficially	Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	Code (Instr.	8)	4. Securities nor Disposed (Instr. 3, 4 ar	of (D) nd 5) (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Shares	02/06/2018			Code J		Amount 463.7839	(D) A	Price \$ 73.31	110,859.9933	D		
Common Shares								75.51	43,704.775	I	By 401(K)	
Common Shares									1,864,791	Ι	HPLP (1)	

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	Date	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
				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 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	02/08/2018					
<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).

Pursuant to Exchange Act Rule 16a-1(a)(1), the reporting person may be deemed, solely for purposes of determining whether he is a beneficial owner of more than 10% of the common shares of the Issuer ("Common Shares"), to be the beneficial owner of the securities of

(1) the Issuer that are held by Hagedorn Partnership, L.P., a Delaware limited partnership in which the reporting person is a general partner (the "Partnership"). Represents the aggregate proportionate interest of the reporting person and those family members in whose holdings he may be deemed to have a pecuniary interest, in Common Shares held by the Partnership.

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.