Edgar Filing: Smith Ivan C - Form 4

| Smith Ivan C Form 4 | | | | | | | | | | | | |
|---|---|--|--------|--|------------------------|--|---------------|--|--|---|--|--|
| February 06, 2 | 2019 | | | | | | | | | | | |
| FORM | Δ | | | | | | | | | PROVAL | | |
| | UNITEDS | TATES | | ITIES A hington, | | | NGE | COMMISSION | OMB Number: | 3235-0287 | | |
| Check this if no longe subject to Section 16 Form 4 or Form 5 | er STATEM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | Expires:January 31, 2005Estimated averageburden hours perresponse0.5 | | |
| obligation may contin <i>See</i> Instruct 1(b). | s Section 17(a | 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 | | | | | | | | | | |
| (Print or Type Ro | esponses) | | | | | | | | | | | |
| Smith Ivan C Symbol SCOT | | | Symbol | TTS MIRACLE-GRO CO | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) (First) (Middle) 3. Date of (Month/D C/O THE SCOTTS MIRACLE-GRO COMPANY, 14111 SCOTTSLAWN ROAD | | | | - | | | | Director 10% Owner X Officer (give title Other (specify below) below) EVP, GC and Secretary | | | | |
| | (Street) 4. If Amendmen Filed(Month/Day/ | | | | - | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | |
| MARYSVIL | LE, OH 43041 | | | | | | | | Iore than One Re | | | |
| (City) | (State) (2 | Zip) | Table | e I - Non-D | erivative S | Securi | ties Ac | quired, Disposed of | f, or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Executio any | | 3. Transactic Code (Instr. 8) | Disposed (Instr. 3, | l (A) o l of (D 4 and (A) or |) 5) | 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 | 02/04/2019 | | | Code V A | Amount 4,090 | (D) A | Price \$ 0 | 25,791.4795 | 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. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Securi (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 | | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-----------------------------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Smith Ivan C C/O THE SCOTTS MIRACLE-GRO COMPANY 14111 SCOTTSLAWN ROAD MARYSVILLE, OH 43041 | | | EVP, GC and Secretary | | | |
| Signatures | | | | | | |
| Kathy L. Uttley as attorney-in-fact for Ivan C. Smith | 02/06/2 | 2019 | | | | |
| <pre>Signature of Reporting Person</pre> | 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.