FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | | | | | _ | | | | | | | | | | | | | | | |
|--|---|---|---|---------|------------------------------|--------|---|--------|--|---|--|---|---------------------------------------|---|--|--|--|---|--|--|
| 1. Name ar | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | |
| <u>ENLOI</u> | - | | | | | | | | | X Director | | | 10% Owner | | vner | | | | | |
| (Last) NO 1 LE | (Fi | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2015 | | | | | | | | Officer (give title below) | | | Other (sp below) | | specify | | | | |
| | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| (Street) | | _ | | | | | | | | | Line) | | | | | | | | | |
| (Street) CARTHAGE MO 64836 | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| CARTHAGE WO 04030 | | | | | - | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deri | vative | Sec | uriti | es Ac | quired | l, Di | sposed (| of, or Be | enefic | ially | Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Tran Date (Month | | | | | ay/Year) Exe | | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | nd 5) Securitie Benefici Owned F | | es ially Following | Form: Direct | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) | | | | |
| Common | 2015 |)15 | | | M | | 93 | A | \$8.9 | 9375 34, | | 73.6272 | | D | | | | | | |
| Common Stock 06/26/20 | | | | | |)15 | | S | | 93 | D | \$49.0 | 9.6728 | | 80.6272 | | D | | | |
| Common | | | | | | | | | | | 4,000 | | I | Ira | | | | | | |
| | | Т | able II | | | | | | | | posed of converti | | | | wned | | | | | |
| | | | | | | calls, | , wai | 1 | | | | | | _ | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deel Execution if any (Month/I | | 4. Transa Code (8) | | on of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owr Forr Dire or Ir (I) (I | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Stock Options (Right to | \$8.9375 | 06/26/2015 | | | M | | | 93 | 08/01/20 | 01 | 08/01/2015 | Common Stock | 93 | T | \$0 | 0 | | D | | |

Explanation of Responses:

Buy)

/s/ S. Scott Luton, by POA

06/29/2015

** Signature of Reporting Person

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

^{*} 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).