FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address of Reporting Person* CAMPBELL MARYELIZABETH R | | | | | Susuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | k all app Direc | tionship of Reporting all applicable) Director Officer (give title | | rson(s) to Is 10% Over (see the content of the con | wner | |
|--|---|--|-----------------|------------|---|--|---|-----------------------------|---|-------|--|---|------------------|---|--|---|--|--|------------|
| (Last) | ast) (First) (Middle) | | | 07/15/2024 | | | | | | | | | belov | | | below) | specify | | |
| NO 1 LEGGETT ROAD | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable ine) | | | | | pplicable |
| (Street) | | | | | | | | | | | | | | 1 | | filed by One | | • | |
| CARTH. | AGE M | O 6 | 4836 | | | | | | | | | | | | Perso | filed by Mo | re tna | in One Rep | orting |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indicat | | | | | | | | on | | | | | | |
| | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or E | Benefi | cially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | (A) (D) | (A) or (D) Price | | Transaction(s) (Instr. 3 and 4) | | | | (111511.4) |
| Common Stock 07/15/20 | | | | | .024 | | | | A | | 26.6307 | A | \$9 | .696 | 31,975.1511 | | | D | |
| Common Stock 07/15/20 | | | | | 2024 | | | | A | | 90.2862 | A | \$9 | .696 | 32,0 | 065.4373 | | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution Date, | | | iction Instr. | of | ired r osed : 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nt | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ Stanley Scott Luton, attorney-in-fact

07/16/2024

** Signature of Reporting Person Date

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

- * 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.

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.