SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287					
Estimated average burden						
hours per response:	0.5					

to Sec obligat	this box if no lo tion 16. Form 4 ions may conti tion 1(b).	or Form 5	MT OF CHANGES IN BENEFICIAL OWNERSHIP OMB Number: 3235-0287 Estimated average burden Stimated average burden hours per response: 0.5														·					
1. Name and Address of Reporting Person [*] GLASSMAN KARL G						2. Issuer Name and Ticker or Trading Symbol <u>LEGGETT & PLATT INC</u> [LEG]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) NO 1 LE	ast) (First) (Middle) O 1 LEGGETT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/28/2022										X Officer (give title Other (specif below) below) Executive Chairman						
(Street) CARTH (City)	CARTHAGE MO 64836					4. If Amendment, Date of 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 Person							
		Table	: I - I	Non-Deriva	ative	Secu	rities	Ac	quire	ed, D	ispos	sed o	f, or E	Benefic	ially	Owne	ed					
1. Title of Security (Instr. 3) Date (Month/Day/Y			'ear) i	Execution Date,			3. Transaction Code (Instr.4. Securities Ac Disposed Of (D 5)									6. Ownership Form: Direct (D) or Indirect g (I) (Instr. 4)		Indirect				
									Code	v	Amoui	nt	(A) or (D)	Price	Tra	ansactio Istr. 3 an				(113)	u. . ,	
Common	Stock			01/28/202	22			Ì	Α		42.1	12	Α	\$32.82	7 8	08,127	.4333		D			
Common	Stock													24,100.97					I	Held In Trust Under Issuer's Retireme Plan		
		Та	ble	ll - Derivati (e.g., pu												Owned	1					
1. Title of Derivative (Instr. 3) 2. Conversion Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year)		Exe if ar			5. Numbro of Derivativ Securitie Acquiree (A) or Dispose of (D) (Instr. 3, and 5)		ative rities ired osed	Exp (Mo	iration	tercisable and 1 Date ay/Year)		Amou Secu Unde Deriv	rlying ative rity (Instr. I 4) Amount	Deri	rice of ivative urity tr. 5)	9. Num derivat Securit Benefic Owned Followi Report Transa (Instr. 4	tive ties cially l ing ed ction(s)	10. Ownersl Form: Direct (E or Indire (I) (Instr.	hip)) ect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		
													1	or Number								

Explanation of Responses:

Remarks:

/s/ S. Scott Luton, attorney-in-

01/31/2022 fact

** Signature of Reporting Person Date

of Shares

Title

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).

Code v (A) (D)

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.

Date Exercisable

Expiration Date