| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |) |
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| 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

| | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average b | urden |

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |

| | | | 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) Director 10% Owner | | | | |
|--------------------------------|--|----------------|--|------------------------|--|----------------------------------|--|--|--|
| (Last) NO 1 LEGGETT | (Last) (First) (Middle) NO 1 LEGGETT ROAD | | 3. Date of Earliest Transaction (Month/Day/Year) 08/28/2009 | Х | Officer (give title below) Senior Vice Pres | Other (specify below) dent | | | |
| (Street) CARTHAGE (City) | MO (State) | 64836 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing (Form filed by One Report Form filed by More than C Person | ing Person | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3.4. Securities Acquired (A) orTransaction Code (Instr. 8)Disposed Of (D) (Instr. 3, 4 and | | | l (A) or . 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|--|--|--------|---------------------------|---|---|---|---|
| | | | Code V Amount (A) or (D) Price Reported Transaction(s) (Instr. 3 and 4) | | | (1150. 4) | | | | |
| Common Stock | 08/28/2009 | | A | | 97.213 | A | \$15.759 | 53,370.4036 | D | |
| Common Stock | 08/28/2009 | | A | | 74.913 | A | \$14.832 | 53,445.3166 | D | |
| Common Stock | | | | | | | | 33 | Ι | Family Trust |
| Common Stock | | | | | | | | 600 | I | Spouse As Custodian For Children |
| Common Stock | | | | | | | | 2,778.1165 ⁽¹⁾ | I | Held In Trust Under Issuer's Retirement Plan |

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | n of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|------|--|--|---|-------|---|--|--|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 47.8833 shares under the Issuer's Restated Stock Bonus Plan during the 2nd quarter of 2009, in transactions exempt under Rule 16b-3(c).

<u>/s/ Aileen Gronewold</u>

08/31/2009 n Date

** Signature of Reporting Person

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.