FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO               | VAL       |
|---|-------------------------|-----------|
|   | OMB Number:             | 3235-0287 |
|   | Estimated average burde | en        |
|   | hours per response:     | 0.5       |

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

| 1. Name and Address of Reporting Person*  Moore John G.       |   |  |  |                          |       |   | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [ LEG ] |  |                     |                            |  |   |                 |                      |                                    | all app  | olicable)<br>ctor   | ng Perso  | Person(s) to Issuer  10% Owner |  |  |
|---|---|--|--|--------------------------|-------|---|---|--|---------------------|----------------------------|--|---|-----------------|----------------------|------------------------------------|--|---|---|--------------------------------|--|--|
| (Last) (First) (Middle) NO. 1 LEGGETT ROAD                    |   |  |  |                          |       | 3. Date of Earliest Transaction (Month/Day/Year) 10/17/2014 |   |  |                     |                            |  |   |                 |                      | X                                  | Officer (give title<br>below)<br>SVP - Chief Le  |   | Other (speci<br>below)<br>gal & HR Officer                        |                                |  |  |
| (Street) CARTHA   | CARTHAGE MO 64836   |  |  |                          |       |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                |  |                     |                            |  |   |                 |                      |                                    | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |   |   |                                |  |  |
|   |   | Tab  | le I - No                                  | n-Deriv                  | ative | Sec   | curitie   | s Acc  | quired              | , Dis                      | posed o  | f, or   | Ben             | efici                | ally                               | Owne   | ed  |   |                                |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |  |                          |       | Exe<br>ay/Year) if ar                                       |   | A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year) |                     | action<br>(Instr.          | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |   |                 |                      | and 5) Secur<br>Benet              |  | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                                | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|   |   |  |  |                          |       |   |   | Code   | v                   | Amount                     | ()<br>()   | A) or<br>O)   | Price           |                      | Transaction(s)<br>(Instr. 3 and 4) |  |   |   | (1113411 4)                    |  |  |
| Common  | Stock   | /2014                                      | 2014                                       |                          |       | A   |   | 16.256   | 8                   | A                          | \$29   | .24   | 33,1            | 33,132.1201          |                                    | )  |   |   |                                |  |  |
| Common  | 10/17   | 7/2014                                     |  |                          |       | A   |   | 13.975   | 7                   | A                          | \$27.52  |   | 2 33,146.0958   |                      | I                                  | )  |   |   |                                |  |  |
|   |   | Ta   |  |                          |       |   |   |  |                     |                            | osed of,<br>onvertib                                       |   |                 |                      |                                    | vned   |   |   |                                |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Executio<br>if any<br>(Month/D | n Date, Transa<br>Code ( |       |   | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispo<br>of (D                  |  |                     | Exerci<br>on Dai<br>Day/Ye |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                 |                      | Deri                               | ivative<br>urity<br>tr. 5)   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | n:<br>ct (D)<br>ndirect        | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |  |                          | Code  | v   | (A)   | (D)  | Date<br>Exercisable |                            | Expiration<br>Date   | Title   | or<br>Nui<br>of | ount<br>mber<br>ares |                                    |  |   |   |                                |  |  |

**Explanation of Responses:** 

10/21/2014 /s/ S. Scott Luton, by POA

\*\* 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.