| 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

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

| 1. Name and Address of Reporting Person [*] CRUSA JACK D | 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 | | | |
|--|--|--|--|--|--|
| | | X Officer (give title Other (specify | | | |
| (Last) (First) (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | below) below) | | | |
| | 04/15/2010 | Senior Vice President | | | |
| NO 1 LEGGETT ROAD | | | | | |
| , | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | |
| (Street) | | Line) | | | |
| CARTHAGE MO 64836 | | X Form filed by One Reporting Person | | | |
| | | Form filed by More than One Reporting | | | |
| (City) (State) (Zip) | | 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. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|---|----------|---------------|-----------------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 04/15/2010 | | A | | 70.1617 | Α | \$22.26 | 91,949.7 | D | |
| Common Stock | 04/15/2010 | | A | | 500.4181 | A | \$19.921 | 92,450.1181 | D | |
| Common Stock | 04/15/2010 | | A | | 121.5239 | Α | \$17.808 | 92,571.642 | D | |
| Common Stock | | | | | | | | 33 | Ι | Family Trust |
| Common Stock | | | | | | | | 1,600 | Ι | Spouse As Custodian For Children |
| Common Stock | | | | | | | | 2,859.8694 | 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) | | 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) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|----------------------------------|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

/s/ Aileen Gronewold, by POA 04/19/2010

** Signature of Reporting Person Date

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

 \ast 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.