Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>GLASSMAN KARL G</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|----------------|--------------|---|----------|------------------------------|---|----------------|-----------------------------------|------------------------------------|--------|--------------------|--|--|-------------------|--|--|--|---|---|---|--|
| (Last) NO 1 LE | (F EGGETT R | irst) OAD | (Middle) | | | Date o | | iest Tran | saction (| (Mont | h/Day/Year) | | X | Officer below) | Officer (give title below) President & CO | | | Other (specify below) | | | |
| (Street) | | 10 | 64836 | | 4. | If Ame | ndme | nt, 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 | | | | | | |
| (City) | (S | state) | (Zip) | lon Dori | is coding | - Co | | ioo Ao | | 4 D: | ionocod a | f or Do | nofici | ially | | | | | | 4 | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Ye | | n 2A. Deemed Execution Date, | | ned n Date, | 3. Transaction Code (Instr. | | | | | r 5. Amount o Securities Beneficially Owned Follo | | of / | 6. Own Form: (D) or I (I) (Inst | Direct ndirect | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | |
| Common Stock | | | 05/20/2013 | | | | М | | 66,663 | A | \$27.0 | 09 | 9 354,985.1233 | | D | | | | | | |
| Common Stock | | | 05/20/2013 | | | | F | | 59,456 | D | \$34.1 | 19 | 295,529.1233 | | D | | | | | | |
| Common Stock | | | | | | | | | | | | | | 638 | | I | | By Son | | | |
| Common Stock | | | | | | | | | | | | | | 18,076.653 | | 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) | | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execusive Security Or Exercise (Month/Day/Year) if any | | | | | 4. Transa Code (8) | | | | 6. Date Expirat (Month | ion Da | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Benefic Owned Following Reporter Transactions (Instr. 4) | ove Owners es Form: Cally Direct (or Indirect (I) (Instead | | Beneficial Ownership ect (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | | | |
| Stock Options (Right to Buy) | \$27.09 | 05/20/2013 | | | M | | | 66,663 | 12/31/ | 2005 | 12/20/2014 | Common Stock | 66,66 | 63 | \$0 | 0 |) | D | | | |

Explanation of Responses:

/s/ S. Scott Luton, by POA

05/22/2013

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).