FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|-------------------|----------|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | |
| Estimated average | hurdon | | | | | | |

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

| ЕКЗПІР | | Estimated average burden hours per response: | 0.5 | | | | | | | |
|---|------------|--|-----|--|--|--|--|--|--|--|
| | | L | | | | | | | | |
| 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | |
| | X Director | 10% Owner | r | | | | | | | |

| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|-------|--|--------------|---|---|---|--------|---|----------------------|---|---------------------|---------------------------------|---|---|---|--|---|------------|---|
| GLASSMAN KARL G | | | | | | | | | | | | | | 7 | X Dire | ctor | | 10% | Owner |
| (Last) | (F | , , | Middle) | | 3. Date of Earliest Tran 11/15/2013 | | | | | nsaction (Month/Day/Year) | | | | | X Office belo | , | le Other (spec below) dent & COO | | |
| (Street) | | | | | 4. 11 | Amen | dment, | Date | of Orig | inal Fi | led (Month/Da | ay/Year) | | | | or Joint/Gro | oup Filir | ng (Check | Applicable |
| CARTHA | AGE M | 0 (| 54836 | | | | | | | | | | | Line | , | n filed by C | One Rep | porting Pe | rson |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | Forr Pers | n filed by M son | Nore tha | an One Re | eporting |
| | | Tabl | e I - N | lon-Deriv | ative | Sec | uritie | s Ad | cquire | ed, D | isposed o | f, or B | Benefi | ciall | y Own | ed | | | |
| 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) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | d 5) | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | Stock | | | 11/15/20 | 013 | | | | A | | 57.4691 | A | \$25. | 347 | 252,0 | 10.0892 | | D | |
| Common | Stock | | | 11/15/20 | 013 | | | | A | | 322.4476 | A | \$23. | 856 | 252,3 | 32.5368 | | D | |
| Common | Stock | | | | | | | | | | | | | | (| 538 | | I | By Son |
| Common | Stock | | | | | | | | | | | | | | 18,4 | 400.29 | | I | Held In Trust Under Issuer's Retirement Plan |
| | | Та | ıble II | | | | | | | | posed of, convertib | | | | Owned | | , | | |
| 1. Title of 2. 3. Transaction 3A. Deemed Execution Date, or Exercise (Month/Day/Year) if any | | | 4. Transa | 5. Number of Operivative | | mber ative rities ired osed | 6. Dat | | rcisable and Date | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. D S. (II | . Price of erivative ecurity nstr. 5) | vative derivativ | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isable | Expiration Date | Title | Amoun or Numbe of Shares | r | | | | | |

Explanation of Responses:

/s/ S. Scott Luton, by POA 11/19/2013

** 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.