FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-02										

87 Estimated average burden 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

					01 \	50000	1 30(11)	01 1110	IIIVCStii	iciii C	ompany Act	01 13-0						
Name and Address of Reporting Person*  D. Carrier Day 11M.						2. Issuer Name <b>and</b> Ticker or Trading Symbol LEGGETT & PLATT INC [ LEG ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>DeSonier David M</u>						DECOLIT CILITING [ DEC ]									Direc	ctor	10%	Owner
						Date of Earliest Transaction (Month/Day/Year)							X	Office belov	er (give title w)		Other (specify below)	
(Last) (First) (Middle)							11/18/2011								SVP-	Strategy&InvestorRelat		ions
NO. 1 LEGGETT ROAD																		
,		- 4 16	A If Assessment Date of Original Filed (Marsh/D. D.)								C. Individual or Joint/Croup Filing (Cheek Arrelias II-							
(Street)					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
` ,	ACE M	IO.	64836											X Form filed by One Reporting Person				
CARTHAGE MO 64836													, , ,					
,					-									Form filed by More than One Reporting Person				porting
(City)	(5	State)	(Zip)												7011			
		Tab	le I - N	lon-Deriv	/ative	Sec	uritie	s Ac	quire	d, Di	sposed o	f, or E	Benefi	cially	Owne	ed		
1. Title of S	Security (Ins	str. 3)		2. Transac	tion	on 2A. Deemed				3. 4. Securities Acquired (A)				5. Amount of			6. Ownership	7. Nature
Date						Execution Date,				Disposed O	f (D) (Ins	str. 3, 4 a	nd 5)	5) Securities Beneficially		Form: Direct	of Indirect	
(Month/Day/					y/Year)	ear) if any (Month/Day/Year)		Code (Instr. 8)						cially d Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
						' '					_ [	Repor		ted action(s)		(Instr. 4)		
									Code	V	Amount	(A) o (D)	Price	Price		3 and 4)		
Common Stock 11/18/20							11		A		23.0706	A	\$18	\$18.5895		201.4089	D	
Common Stock 11/10/20						11				23.0700		Ψ10	Ψ10.5055		-01.4003			
Common Stock 11/18/20					2011	)11		A		28.578	A \$1		'.496	496 30,229.9869		D		
		Ti	able II	- Derivat	tive S	ecur	ities	Acar	iired.	Disn	osed of,	or Be	neficia	llv O	vned			
											convertib							
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Dec		4. Transa		_	mber	6. Date Exer		cisable and	7. Title and Amount of		8. Pi	rice of	9. Number o	f 10. Ownership	11. Nature
Security	or Exercise Price of Derivative		if any		Code				(Month/Day/Year)			Securities		Sec	Security	Securities	Form:	Beneficial
(Instr. 3)			(Month	/Day/Year)	8)							Underlying Derivative		(Inst	r. 5)	Beneficially Owned	Direct (D) or Indirect	Ownership (Instr. 4)
	Security						(A) o	(A) or					Security (Instr.			Following	(I) (Instr. 4)	(111341.4)
					Disposed of (D)			and 4)						Reported Transaction	(e)			
					(Instr. 3, 4		. 3, 4							(Instr. 4)	(3)			
						and 5)				<u> </u>				1				
												Amoun	t ]					
			1										or Numbe	.		l	- [	
							Date		Expiration		of							
					Code	V	(A)	(D)	Exerci	sable	Date	Title	Shares					

**Explanation of Responses:** 

11/22/2011 /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.