FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| - 1 | | | | | | | | | | | |
|-----|--------------------------|------|--|--|--|--|--|--|--|--|--|
| | OMB APPROVAL | | | | | | | | | | |
| | OMB Number: 3235-02 | | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| | hours per response | . 05 | | | | | | | | | |

| | tion 1(b). | nue. See | | Filed | | | | | | rities Exchanç company Act o | | f 1934 | | nours | per response: | 0.5 |
|--|---|----------|-------|---|---|--|-------------------------------------|------------------|--|---------------------------------|--|--|--|---------------------------------------|---------------------------------|---------------|
| 1. Name and Address of Reporting Person* PTASINSKI CHRISTINA | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owne | | | | | |
| (Last) (First) (Middle) NO 1 LEGGETT ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/08/2023 | | | | | | | | belov | , | Other below of HR Officer | (specify) |
| (Street) CARTHAGE MO 64836 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Liı | ne) X Form Form | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (S | | Zip) | lan Barina | | Check the satisfy the | his box to in ne affirmativ | dicate the defen | nat a tra | itions of Rule 1 | nade purs 0b5-1(c) | suant to a o | iction 10. | | ten plan that is int | ended to |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | n 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | d (A) or | 5. Am Secur Benef | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | action(s) 3 and 4) | | (Instr. 4) |
| Common Stock 09/08/20 | | | | 09/08/202 | 23 | | A | | 33.3213 | A | \$22.70 | 35 19,7 | 18.7406 | D | | |
| | | Tal | ble I | l - Derivati (e.g., pu | | | | | | posed of, convertib | | | | d | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction of Code (Instr. Derivative | | Expi (Moi | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: y Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |

Date

Exercisable

Explanation of Responses:

Remarks:

/s/ S. Scott Luton, attorney-in-

fact

Expiration Date

** Signature of Reporting Person

09/11/2023

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.

^{*} 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).