FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB A | PPROVAL |
|-------------|----------|
| OMB Number: | 3235-028 |

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

| 1. Name and Address of Reporting Person* DOWNES JOSEPH D JR | | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | 5. Relationship of Repor (Check all applicable) Director | | | 10% | Owner | |
|--|---|--|---------------------------------------|------------------------------|---|---|--|---|--------------------|--------|---|--|-----------------|--|--|---|--|--|-----|---|--|
| (Last) | (First) (Middle) 1 LEGGETT ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2005 | | | | | | | | | X Officer (give title Other (specify below) Senior Vice President | | | | | |
| (Street) CARTHA | CARTHAGE MO 64836 | | | | | 4. 11 | 4. If Amendment, 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 | | | | | |
| (=-9) | | | | | Non-Deriv | vative | Sec | urities | - Ac | cquir | ed, D | oisposed (| of, or E | Benefic | iall | y Owne | ed | | | | |
| | | | 2. Transaction Date (Month/Day/ | Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ٠ : | 3. Transaction Code (Instr. 8) | | | | acquired (A) or D) (Instr. 3, 4 and | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Ī | Code V | | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | ommon Stock 1 | | | 11/10/20 | 05 | | | | A | | 132.504 | A | \$17.4 | 16 53,2 | | 66.5202 | | D | | | |
| Common | Stock | | | | 11/10/20 | 05 | | | | A | | 65.4133 | A | \$18.50 |)45 | 5 53,331.9335 D | | | | | |
| Common | Stock | | | | | | | | | | | | | | | 27,538.1636 ⁽¹⁾ I I Is R | | | | Held in Trust under Issuer's Retirement Plan | |
| Common | Stock | | | | | | | | | | | | | | | 19 | ,050 | | I | Wife | |
| | | | Та | ble I | | | | | | | | posed of, converti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | ution Date, | 4. Transa Code (8) | | 5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5) | tive ties ed | Expi (Mor | iration nth/Day | (Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisitio of 173.0781 shares under the Issuer's Restated Stock Bonus Plan during the 3rd quarter of 2005, in transactions exempt under Rule 16b-3(c).

John G. Moore

11/14/2005

** Signature of Reporting Person

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.