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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 Instruction 1(b) |
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| Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

| Estimated average burden | | | |
|--------------------------|---|---|-----|
| hours per response: | | (| 0.5 |
| | _ | _ | _ |

| | ss of Reporting Pers MITCHELL | on* | 2. Issuer Name and Ticker or Trading Symbol <u>LEGGETT & PLATT INC</u> [LEG] | (Check | tionship of Reporting Pers all applicable) Director Officer (give title | on(s) to Issuer 10% Owner Other (specify | |
|-------------------------------------|----------------------------------|----------|---|------------------------|--|--|--|
| (Last) (First) NO 1 LEGGETT ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016 | X | below) Senior Vice Pre | below) sident | |
| (Street) CARTHAGE | МО | 64836 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing Form filed by One Repo | | |
| (City) | (State) (Zip) | | | | Form filed by More than One Reporting Person | | |
| | - | | the Oceanities Associated Discussed of an Denefi | - : - 11 4 | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of | | | Securities Beneficially | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|------------------------------|---------------|-----------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11311.4) |
| Common Stock | 05/13/2016 | | Α | | 14.201 | Α | \$41.4885 | 64,865.6007 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secur Acqu (A) or Dispo of (D) (Instr. | of Expiration Da Derivative Securities Acquired (A) or Disposed | | Expiration Date (Month/Day/Year) quired or sposed (D) str. 3, 4 | | | | | Expiration Date Amount of (Month/Day/Year) Securities | | 8. Price of Derivative Security (Instr. 5)9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|---|---------------------|---|-------|--|--|--|--|--|---|--|---|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

/s/ S. Scott Luton, by POA

05/17/2016

Date

** 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.