FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

| Filed pursuant to Section 16(a) of the Securities Exchange A | ct of 2 | 193 |
|--|---------|-----|
| or Section 30(h) of the Investment Company Act of 19 | 940 | |

| 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% | Issuer Owner r (specify | |
|--|------------|--|---|----------------|---|-------------------------------|--|-----|---|--------|--|---|--|---|-------------------------------------|---|---------------------|--|---------------------------------------|
| (Last) (First) (Middle) NO 1 LEGGETT ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/06/2008 | | | | | | | | • | X below | | | belov | | |
| (Street) | AGE M | 0 (| 64836 | | 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 | | | | | | | | |
| (City) | (SI | | Zip) e I - Non-I | Deriva | tive | Sec | ırities | Δα | nuire | -d D | isposed o | f or B | enefi | rial | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Tra | 2. Transaction | | 2A. Deemed Execution Date, | | , [| 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | d (A) or | 5. Amount of Securities 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 | | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common | Stock | | 06. | 6/06/200 | 08 | | | | Α | | 133.8918 | A | \$14 | .88 | 70,25 | 7.3636 | | D | |
| Common | Stock | | 06. | 6/06/200 | 08 | | | | A | | 96.7287 | A | \$15 | .81 | 70,35 | 4.0923 | | D | |
| Common | Stock | | | | | | | | | | | | | | 29,895 | 5.0463 ⁽¹⁾ | Trust under Issuer' | | under Issuer's Retirement |
| Common | nmon Stock | | | | | | | | | | | | | 16, | ,488 | | I | Wife | |
| | | Та | | | | | | | | | posed of, convertib | | | | Owned | | | | |
| Derivative Conversion | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/ | tion Date, Tra | | ction Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration I (Month/Day) | | Date | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | C | ode | v | (A) (I | D) | Date Exerc | isable | Expiration Date | | Amoun or Numbe of Shares | r | | | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 458.1470 shares under the Issuer's Restated Stock Bonus Plan during the 1st quarter of 2008, in transactions exempt under Rule 16b-3(c).

Aileen A. Gronewold

06/09/2008

** 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.