FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average hurden | | | | | | | | |

0.5

hours per response:

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 S | ection | 1 30(h) | of the I | nvestme | ent Co | mpany Act | of 194 | 10 | | | | | | | | |
|--|---|--|---|----------|-------------------------------|---|------------------------|----------|----------------------------------|---|-----------------------|---|-----------------------|-------|---|---------|--|--|------------------------|---------------------------------------|--|
| 1. Name and Address of Reporting Person * WOOD PHOEBE A | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| WOOD | PHOED | <u>L A</u> | | | | | | | | | | | | | X | Direc | ctor | | 10% O | wner | |
| (Last) NO 1 LE | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/13/2018 | | | | | | | | | | Office | er (give title w) | | Other (below) | specify | |
| | | | | | 4. If | Amen | dment | Date o | of Origina | al File | d (Month/Da | ay/Yea | ar) | 6 | . Indiv | idual o | r Joint/Group | Filing (C | Check A | pplicable | |
| (Street) | AGE M | O 6 | 64836 | | | | | | J | | ` | • | , | | ine) X | Form | n filed by One | e Reporti | ng Pers | on | |
| CARTHAGE WO 04050 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Peis | OH | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | , Dis | sposed o | f, or | Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | Transaction Disposed (| | | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | | and 5) Se Be Ov | | 5. Amount of Securities Beneficially Dwned Following | | rship irect direct . 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (/ | A) or D) | Price | | | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 04/13/20 | | | | 2018 | 018 | | | A | | 144.588 | 5 | Α | \$35.464 | | 4 64,028.2417 | | Г | | | | |
| Common Stock 0 | | | 04/13/ | 2018 | | | | A | | 137.031 | 4 A \$35 | | \$35. | 464 | 64,165.2731 | | Б | | | | |
| | | Та | | | | | | | | | osed of, convertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | | 4. Transa Code (I 8) | | n of | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instand 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | n: ct (D) direct | Beneficial Ownership (Instr. 4) | |
| | | | | | Cada | v | (0) | (n) | Date | | Expiration | Tialo | | mber | | | | | | | |

Explanation of Responses:

/s/ S. Scott Luton, by POA 04/16/2018

** 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.