FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| 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* WOOD PHOEBE A | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | | k all app | licable) | orting Person(s) to Is: | | | | |
|--|--|-------|---|---------------------------|--|---|-----------------|--|-------------------|--|----------------------------------|---|--|---|---|--|---|---|---|------------------|--|
| (Last) | (Fir | , | Middle | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/14/2023 | | | | | | | | Officer (give title Other (sp below) below) | | | | | | ecify | |
| NO 1 LEGGETT ROAD | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | AGE MO | O 6 | 483 <i>6</i> | 5 | | | | | | | | | | | | | filed by N | One Reporting Perso More than One Repo | | | |
| (City) (State) (Zip) | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | | | | |
| | Check this box to indicate that a transaction was made pursuan satisfy the affirmative defense conditions of Rule 10b5-1(c). See | | | | | | | | | | suant to a). See Instr | to a contract, instruction or written plan that is intended to Instruction 10. | | | | | | | | | |
| | | Table | I - N | lon-Deriva | tive | Secu | rities | Acc | quire | ed, D | isposed | of | f, or E | Benefic | iall | y Own | ed | | | | |
| Date | | | 2. Transaction Date (Month/Day/Ye | Execution | | ion Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5) | | | | nd Securities Beneficially Owned Follow | | i Ily | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | G | ode | v | Amount | | (A) or (D) | Price | - 11 | Reported Transactio (Instr. 3 au | on(s) nd 4) | (Instr. 4) | | (instr | r. 4) |
| Common | Stock | | | 04/14/202 | 23 | | | | Α | | 266.874 | | A | \$25.19 | 2 | 59,109.2632 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 40 | 0 | | I | AW | vocable | |
| Common Stock | | | | | | | | | | | | | | | 400 | | I | | By Daughter KW Irrevocable Trust | | |
| | | Tal | ble I | I - Derivati (e.g., pu | ve S its, c | Securi calls, v | ties A varra | cqı nts, | uirec , opt | d, Dis | sposed o | of, tib | or Be | neficia curities | lly s) | Owned | t | | | | |
| 1. Title of Derivative Security (Instr. 3) | rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | | 4. Trans Code 8) | Transaction Code (Instr. | | nber itive ities red sed 3, 4 | Exp | iration | ercisable and Date y/Year) | | 7. Title Amou Secur Under Deriva Secur 3 and | int of rities rlying ative rity (Instr. | De Se | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Owners Form: Direct (i or Indin (I) (Instr | hip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | Code V (A) (D) | | | Date Exercisab | | Expirat le Date | ion | on Title Amou | | | | | | | | |

Explanation of Responses:

Remarks:

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

04/17/2023

** 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.