FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| 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).

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

| 1. Name and Address of Reporting Person* DOWNES JOSEPH D JR (Last) (First) (Middle) NO 1 LEGGETT ROAD | | | | | | Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] Jate of Earliest Transaction (Month/Day/Year) 08/15/2012 | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Director Officer (give title Other (specify below) Senior Vice President | | | | | |
|--|--|------------|----------|------------------------------|----------------------------|--|---|--------|------------------|---|---|-----------------|---|---|--|--|---|---|--|
| (Street) CARTHAGE MO 64836 (City) (State) (Zip) | | | | | | 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 | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | Execution (Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ction Instr. | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | 5. Amount Securities Beneficiall Owned Fol Reported | y | 6. Own Form: I (D) or I (I) (Inst | Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | v | Amount | (A) or (D) | Price | Transactio (Instr. 3 an | n(s) d 4) | | | (11150.4) | | |
| Common Stock 08/15/2 | | | | | | 012 | | | М | | 39,800 | A | \$16.9 | 16.96 194,390.3 | | 23 D | | | |
| Common Stock 08/15/20 | | | | | /2012 | 012 | | | F | | 31,908 | D | \$23.2 | 162,482 | .3323 | D | | | |
| Common Stock 08/15/20 | | | | | /2012 | 012 | | | S | | 7,500 | D | \$23.2 | 2 154,982 | .3323 | D | | | |
| Common Stock | | | | | | | | | | | | | | 37,667.015 | | I | | Held In Trust Under Issuer's Retirement Plan | |
| | | | Table II | | | | | | | | posed of, | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | le of 2. 3. Transaction 3A. Deemed 4 Execution Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | 4. Transa Code (8) | ction | 5. Number of | | | Exerci on Dat | sable and te | 7. Title and Amo of Securities Underlying Derivative Secul (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownersh Form: Direct (D) or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | | | | | | |
| Stock Options (Right to Buy) | \$16.96 | 08/15/2012 | | | M | | | 39,800 | 07/02/20 | 009 ⁽¹⁾ | 01/02/2018 | Common Stock | 39,80 | \$0 | (|) | D | | |

Explanation of Responses:

1. The option became exercisable in three annual installments beginning on July 2, 2009.

/s/ S. Scott Luton, by POA

08/16/2012

** 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.