FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL 3235-0287 Estimated average burden

0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

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(c). Se | ee Instructi | is of Rule 10 ion 10. | | | _ | | | | | | | | | | | | | | |
|---|--|--------------------------|--------------|---|---|--------------------|--|-------------------------------------|-------------------|--|---|---|---|---|--|--|---|---|--|
| 1. Name and Address of Reporting Person* <u>KLEIBOEKER RYAN MICHAEL</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
| (Last) (First) (Middle) NO. 1 LEGGETT ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/04/2024 | | | | | | | | Officer (give title below) EVP-Chief Strategic Plan. Off. | | | | спу | | | |
| (Street) CARTHAGE MO 64836 (City) (State) (Zip) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | |
| | | | Table | I - Non-Deriva | tive | Secu | rities <i>A</i> | cqui | red, | Disposed | of, or | Benef | icial | ly Own | ed | | | | |
| Date | | | | 2. Transaction Date (Month/Day/Yea | ar) E | xecution | Deemed ecution Date, ny onth/Day/Year) | | action (Instr. | 4. Securities Acqui Disposed Of (D) (In | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | |
| Common | Stock | | | 10/04/2024 | 1 | | | A | | 61.8701 | A | \$11.4 | 325 | 55,01 | 7.1271 | | D | | |
| Common | Stock | | | 10/04/2024 | 1 | | | A | | 214.4693 | A | \$10. | 76 | 55,23 | 1.5964 | | D | | |
| Common Stock | | | | | | | | | | | | | 1,0 | 000 | I By Spouse IRA | | | | |
| Common Stock | | | | | | | | | | | | | 849.013 ⁽¹⁾ | | I | | Held in Trust Under Issuer's Retirement Plan | | |
| | | | Tab | le II - Derivati (e.g., pu | | | | | | isposed o s, convert | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Convers or Exerc Price of Derivativ Security | ion Date ise (Mon | th/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Trans | saction (Instr. | 5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | per 6. Ex ive (M ies ed | Date E | xercisable and n Date lay/Year) | d 7. T Ame Sec Und Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | . Price of Perivative Security Instr. 5) | 9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4) | ve Owne Form: ally Direct or Ind (I) (Ins tion(s) | | hip c E O) C ect (1 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (I | Da D) Ex | ate cercisa | Expiration ble Date | on Title | Amou or Numb of Shares | er | | | | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 3.3310 shares under the Issuer's 401(k) Plan in transactions exempt under Rule 16b-3(c). The information in this report is based on a plan statement dated as of 9/30/2024.

Remarks:

/s/ Stanley Scott Luton,

10/07/2024

attorney-in-fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).