FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*  KLEIBOEKER RYAN MICHAEL  |  |         |       |            |  | 2. Issuer Name <b>and</b> 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) 02/26/2024  |   |        |                            |                             |                                |   |                    |   | X Officer (give title Other (specibelow)  EVP-Chief Strategic Plan. Off. |   |  |   |  | ´   |  |  |
| (Street)   | (Street) CARTHAGE MO 64836   |         |       |            | 4. If  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |        |                            |                             |                                |   |                    |   |  | Individual or Joint/Group Filing (Check Applicabline)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |  |   |  |   |  |  |
| (City)   | (St  | ate) (2 | Zip)  |            | Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant satisfy the affirmative defense conditions of Rule 10b5-1(c). See |   |        |                            |                             |                                |   |                    |   |  |   |  |   |  |   |  |  |
|  |  | Table   | I - N | lon-Deriva | tive   | Secu  | rities | Ac                         | quir                        | ed, D                          | )is   | posed o            | f, or E   | Benefici   | ally Owi  | ned  |   |  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye |  |         |       | ear)       | Execution Da   |   | е,     | 3.<br>Transa<br>Code<br>8) | Transaction<br>Code (Instr. |                                | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a 5) |                    |   | 5. Amou<br>Securiti<br>Benefic<br>Owned                                  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |  |   |  |  |
|  |  |         |       |            |  |   |        |                            | Code                        | v                              | Aı  | mount              | nount (A) or Brice Ti   |  | Transac   | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   |  |   | (Instr. 4)   |  |
| Common   | Stock  |         |       | 02/26/202  | 24   |   |        |                            | A                           |                                | 8   | 8,676(1)           | A   | \$20.280   | 6 29,21   | 6.9795   |   | D  |   |  |  |
| Common Stock   |  |         |       |            |  |   |        |                            |                             |                                |   |                    |   | 1,   | 000   |  | I   |  | By<br>Spouse's<br>IRA                         |  |  |
| Common Stock   |  |         |       |            |  |   |        |                            |                             |                                |   |                    |   |  | 809   | 0.773  |   | I  | Helo<br>Trus<br>Und<br>Issue<br>Retir<br>Plan | st<br>ler<br>er's<br>rement  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |       |            |  |   |        |                            |                             |                                |   |                    |   |  |   |  |   |  |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                |  |         |       |            |  | Transaction of Code (Instr. Deriv   |        |                            | Exp<br>(Mo                  | Pate Ex<br>piration<br>onth/Da | ı Da  |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |  |   |  |   | ve es lally Direct (E or Indire (I) (Instr. (ton(s)) |   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |         |       |            | Code   | Code V (A) (D)  |        |                            | Date<br>Exercisable         |                                | le  | Expiration<br>Date | Title Shares  |  |   |  |   |  |   |  |  |

## **Explanation of Responses:**

1. Represents restricted stock units (settled solely in common stock on a one-to-one basis), which vest in one-third increments on the first, second and third anniversaries of the grant date.

## Remarks:

/s/ S. Scott Luton, attorney-in-02/27/2024 fact

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.