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 | STATEMENT |
|---------------------------------------------------------------------------------------------------------|-----------|
| Instruction 1(b). | Filed pu |

FOF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* <u>JETT ERNEST C</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | ck all app Dired | olicable) ctor | | Person(s) to Issuer 10% Owner | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|----|-------------------------------|----------------------------------------------------------|------------|-------------------------------------------------------------------------|--------|-------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------|--------------------------------|----------|
| (Last) | | (First) | 1) | Middle | e) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/22/2009 | | | | | | | | Y | belov | | | below) | (specify |
| (Street) CARTHAGE MO 64836 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | - | (State) | | Zip) | Non-Deriv | /ativ | 9 500 | uritio | <u> </u> | canin | - ha | Disposed (| of or F | Renefic | cially | v Own | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | n | 2A. Deemed Execution Date, | | 9 , | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Ī | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) | | |
| Common | Stock | | | | 05/22/20 | 09 | | | | A | | 137.7215 | A | \$12.0 | 955 | 101,6 | 19.3255 | D | | |
| Common Stock | | | | | | | | | | | | | | 59,54 | 46.5003 | I | T U I I | Held In Frust Jnder ssuer's Retirement Plan | | |
| | | | Ta | ble I | | | | | | | | sposed of, , convertil | | | | Owned | | | | |
| Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | | | ransaction of Code (Instr. Derivative | | | | iration | y/Year) Expiration | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares | | nt | | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Owner Form Direct or Ind (I) (In | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

/s/ Aileen Gronewold

05/26/2009

** Signature of Reporting Person

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.

^{*} 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).