FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|------------------------------------|-----------|
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| OMB APPRO | OVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 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* <u>HAFFNER DAVID S</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | 5. Relationship of Report (Check all applicable) X Director | | | erson(s) to I 10% (| | |
|---|--|---------------------------------------|---------------|------------------------------|---|---|-------------|-----|---|---------|--------------------------|---|---|---|---|--|------------------------|---|------------|
| (Last) (First) (Middle) NO 1 LEGGETT ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/21/2011 | | | | | | | | | | cer (give title ow) ief Executive (| | below | · |
| (Street) CARTHA (City) | | | 54836 Zip) | õ | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | | eI- | | _ | | | _ | | red, I | Disposed (| - | | iall | _ | | l | [| |
| Date | | 2. Transactio Date (Month/Day/\ | /ear) i | Execution Date, r) if any | | | ode (Instr. | | acquired (A) or D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) |
| Common Stock 04 | | | 04/21/20 | 11 | .1 | | | A | | 89.3311 | A | \$20.0855 | | 1,425,091.6728 | | | D | | |
| Common Stock | | | | | | | | | | | | | | 13, | .270 | | Ι . | Custodian - Daughters | |
| Common Stock | | | | | | | | | | | | | | 20,21 | 9.539 ⁽¹⁾ | | I . | Held In Trust Under Issuer's Retirement Plan | |
| | | Та | ble | | | | | | | | sposed of, , converti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ve Conversion Date Execution Date, Transaction of or Exercise (Month/Day/Year) if any Code (Instr. Derivativ | | | | ative ities red sed 3, 4 | Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | Code V (A) (D) | | (D) | Date Exercisal | | Expiration Date | Title | or Number of Title Shares | | | | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 234.098 shares under the Issuer's Restated Stock Bonus Plan in transactions exempt under Rule 16b-3(c). The information in this report is based on a plan statement dated as of 03/31/2011.

/s/ S. Scott Luton, by POA

04/25/2011

** Signature of Reporting Person

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.