FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

hours per response: 0.5

| 1. Name and Address of Reporting Person* GLASSMAN KARL G | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | 5. Relationship of Repor (Check all applicable) X Director | | | ting Person(s) to Issuer 10% Owner | | |
|---|---------------------------------|------------------------|--|----------------------------|---|---|---|---|--|---|--|---|---|-----------------------|--|---|----|--|---|--|
| (Last) | (First) (Middle) 1 LEGGETT ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/26/2019 | | | | | | | | | X Officer (give title below) Other (specify below) President and CEO | | | | |
| (Street) CARTHA | | MO 64836 (State) (Zip) | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | Tabl | e I - | Non-Deriv | ative | Sec | uritie | s A | cqui | red, C | isposed | of, or I | Benefic | iall | y Own | ed | | | |
| Da | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | Beneficially Owned Following | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Ī | Code V | | Amount | (A) or (D) | A) or D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock | | | 04/26/20 | 19 | | | ĺ | A | | 64.3676 | Α | \$35.70 | 085 | 85 406,012.5183 | | | D | | | |
| Common | Common Stock 0- | | | 04/26/20 | 19 | .9 | | Ì | A | | 915.5329 | Α | \$33.6 | 808 | 08 406,928.05 | | | D | | |
| Common Stock | | | | | | | | | | | | | | | 21,75 | 9.631(1) | | I 1 | Held In Trust Under Issuer's Retirement Plan | |
| | | | Та | ble I | II - Derivat (e.g., p | | | | | | | posed of | | | | Owned | | | | |
| Derivative Conversion Date Exercise (Month/Day/Year) if a | | | Exec if any | Deemed 4. cution Date, Tra | | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exc Expiration (Month/Da | | rcisable and Date | 7. Title Amou Securi Under Deriva | e and nt of ties lying tive ty (Instr. 3 | 8. De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | Code | v | (A) | (D) | Date | e ercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 208.921 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 03/31/2019.

fact

/s/ S. Scott Luton, attorney-in-04/29/2019

** 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.