FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* $\underline{Hauser\ Paul\ R}$ | | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | 5. Relationship of Rep (Check all applicable) Director | | | 10% (| | Owner | | |
|--|---|--|---|----------|--|---|---|------------------------------|--------------|--|----------------------------------|---|---------------------------------------|---|------------------------------------|---|---|---|---------------------------------------|--|--|
| (Last) (First) (Middle) NO. 1 LEGGETT ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2006 | | | | | | | | X | | Officer (give title below) Senior Vice President | | | (specify | | |
| (Street) CARTHAGE MO 64836 | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | on | 2A. Deemed Execution Date, | | | 3. Transa Code (8) | ction | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | | | y Owned 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | , | | |
| Common Stock 1 | | | | 11/10/20 | 11/10/2006 | | | | A | | 152.0782 | A | A \$18.96 | | 41,094.5064 | | D | | | | |
| Common Stock 11/10 | | | | 11/10/20 | 06 |)6 | | | A | | 78.5268 | A | \$20.3 | 1535 | 41,17 | 73.0332 | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 1, | ,179 | I | | Custodian for Minor Children | | |
| Common Stock | | | | | | | | | | | | 3,514.6098 | | 4.6098 | I | | Held in Trust under Issuer's Retirement Plan | | | | |
| | | Та | ble I | | | | | | | | sposed of, , convertib | | | | Owned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Trans Code 8) | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expi | ration | ercisable and Date y/Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | De Se (In | rivative curity str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Owi Fori Dire or Ii (I) (I | ership n: ct (D) direct nstr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exer | : cisabl | Expiration e Date | Title | Amour or Number of Shares | er | | | | | | | |

Explanation of Responses:

Aileen A. Gronewold

11/13/2006

** 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.