FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|------------------|

| OIVID APPR | OVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

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

| 1. Name and Address of Reporting Person* GLASSMAN KARL G | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|--|---------|--|--|--|---|---|---------------|--|-----------------|---|-----------------|--|--|---|-----------------------------------|---|
| (Last) | (F | irst) | (Middle) | | | . Date 2/30/2 | | Tran | saction | (Mont | h/Day/Year) | | | X | 04: | give title | | below | · |
| (Street) | AGE M | 10 | 64836 | | 4 | . If Am | endment, I | Date | of Origi | nal Fil | ed (Month/Day | y/Year) | | 6. Inc Line) | Form fil | ed by On | ne Repoi | (Check A rting Pers One Rep | on |
| (City) | (S | state) | (Zip) | D. | | | | _ | | | | D. | | | | | | | |
| Table I - Non-De 1. Title of Security (Instr. 3) 2. Trans Date (Month/It | | action | on 2A. Deemed Execution Date, | | 3. 4. Securities | | 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) | | 7. Nature of Indirect Beneficial Ownership | | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s (Instr. 3 and 4 | | | | (Instr. 4) | | |
| Common | Stock | | | 12/30 | /2010 | | | | A | | 196.7505 | A | \$19.5 | 5075 | 230,787 | .8292 | I | D | |
| Common Stock 12/30/201 | | /2010 | | | | A | | 104.7429 | A | \$18 | .36 | 230,892.5721 | | D | | | | | |
| Common | Stock | | | | | | | | | | | | | | 2,80 | 8 | | I | Spouse As Custodian For Children |
| Common Stock | | | | | | | | | | | | | 16,050.529 | | I | | Held In Trust Under Issuer's Retirement Plan | | |
| | | | Table | | | | | | | | sposed of, , convertil | | | | Owned | | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date of S (Month/Day/Year) Und Der | | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amo or Num of Si | | | | | | |
| Employee Stock Options (Right to Buy) | \$23.14 | 01/03/2011 | | | A | | 101,675 | | 07/03/2012 ⁽¹⁾ | | 12/31/2020 | Common Stock | 101 | ,675 | \$0 101, | | 675 D | | |

Explanation of Responses:

 $1. \ The \ option \ becomes \ exercisable \ in \ three \ equal \ annual \ installments \ beginning \ on \ July \ 3, \ 2012.$

/s/ S. Scott Luton, by POA

01/04/2011

** 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.