FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* BURNS BENJAMIN MICHAEL | | 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) (First) (Middle) NO. 1 LEGGETT ROAD | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/02/2023 | | | | | | | | 2 | X Officer (give title Other (specify below) below) EVP-Business Support Services | | | | | |
| (Street) CARTHAGE MO 64836 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Line) X Form filed by One Reporting Pe Form filed by More than One Reperson | | | | | |
| (City) (State) (Zip) | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table I | - Non-Derivati | | | | | | | | | | | ned | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, | | ate, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au | | A) or | 5. Amour Securitie Beneficia Owned | nt of es ally | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A or (D | P | rice | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. | 4) | (Instr. 4) |
| Common | Stock | | 06/02/2023 | | | | A | | 22.7305 | | A \$ | 26.9365 | 45,32 | 8.092 | 1 | D | |
| Common | Stock | | 06/02/2023 | | | | A | | 175.2252 | | A 5 | \$25.352 | 45,503 | 3.3172 | 1 | D | |
| Common | Stock | | 06/02/2023 | | | | A | | 6.6471 | | A \$ | 26.9365 | 2,086 | .1381 | | I | By Spouse |
| Common | Stock | | | | | | | | | | | | 27. | 857 | | I | Held In Trust Under Issuer's Retirement Plan |
| Common Stock | | | | | | | | | | | | 21. | 673 | | I | Held In Trust Under Issuer's Retirement Plan By Spouse | |
| | | Tab | le II - Derivativ (e.g., put | | | | | | | | | | y Owne | d | | , | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | 4. 5. Transaction Code (Instr. 8) Code (Instr. 8) Secur Acqui (A) or Dispo of (D) (Instr. and 5) | | Number of Deriva Securi Acquir (A) or Dispos of (D) (Instr. | er Expiration (Month/E) ative rities ired essed 3, 4 | | Exercisable and | | 7. Title Amoun Securit Underly Derivat Securit (Instr. 3 | nt of ties ying tive | Price of Derivative Security Instr. 5) | 9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4) | re es ially ng d tion(s) | 10. Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ect (Instr. 4) | |
| | n of Respons | | | Code | v (| (A) | (D) Da | te ercisa | Expirat able Date | | | Amount or Number of Shares | | | | | |

Remarks:

/s/ S. Scott Luton, attorney-infact 06/05/2023

** Signature of Reporting Person Date

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.

 $^{^{\}star}$ 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).