| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| | JVAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burg | den |
| hours per response: | 0.5 |

| 1. Name and Addre | 1 5 | erson* | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|-------------------|---------------|----------|---|------------------|--|-----------------------|--|--|--|--|
| GLASSMAN | <u>KARL G</u> | | | X | Director | 10% Owner | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | x | Officer (give title below) | Other (specify below) | | | | |
| NO 1 LEGGET | TROAD | | 09/02/2005 | | Executive Vice | President | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Group Fili | ng (Check Applicable | | | | |
| CARTHAGE | MO | 64836 | | X | Form filed by One Re | porting Person | | | | |
| (City) | (State) | (Zip) | — | | Form filed by More th Person | an One Reporting | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--|---|---|---|----------|---------------|----------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 09/02/2005 | | A | | 154.3839 | A | \$20.468 | 48,564.1679 | D | | |
| Common Stock | | | | | | | | 12,676.4236(1) | I | Held in Trust under Issuer's Retirement Plan | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (e.g., pu | | | | | (e.g., puis, cans, warrans, options, convertible securities) | | | | | | | | | | | |
|-----------|---|---|--|---|--|---|--|---|--|--------------------|--|--|---|--|--|--|
| | 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. Transa Code (8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed . 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title Amouri Securi Underi Deriva Securi and 4) | nt of ties lying tive ty (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Balance has been updated to reflect the acquisition of 68.7771 shares under the Issuer's Restated Stock Bonus Plan during the 2nd quarter of 2005, in transactions exempt under Rule 16b-3(c).

<u>John A. Lyckman</u>

** Signature of Reporting Person Date

09/06/2005

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.