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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

| OMB APPF | ROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| 1. Name and Addre | 1 0 | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|-----------------------|--------------------|------------------|---|------------------|---|-----------------------------|--|--|--|
| | | <u>vv C</u> | | | Director Officer (give title | 10% Owner Other (specify | | | |
| (Last) NO 1 LEGGET | (First) TT ROAD | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2013 | X | below) below) below) Executive Vice President - CFO | | | | |
| (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 Form filed by More th | | | | |
| (City) | (State) | (Zip) | | | Person | | | | |
| | | Table I - Non-De | rivative Securities Acquired. Disposed of, or Ben | eficially | Owned | | | | |

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 | Form: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|----------|---------------|----------|---|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (instr. 4) |
| Common Stock | 11/01/2013 | | A | | 34.3174 | Α | \$25.075 | 270,386.9536 | D | |
| Common Stock | 11/01/2013 | | A | | 193.5301 | Α | \$23.6 | 270,580.4837 | D | |

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

| 1 | | | | | | | | | | , anna 60 | | | | | | |
|---|---|---|--|---|-------------------------------|--|--|---------------------------------|--|------------|---|------------------------|---|--|--|--|
| | 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 (1 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | 6. Date Exerc Expiration Da (Month/Day/) | ate | 7. Title Amour Securi Underl Deriva Securi and 4) | nt of ties ying | 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) |
| | | | | | | | | | Date | Expiration | | Amount or Number | | | | |

(A) (D) Exercisable Date

Explanation of Responses:

/s/ S. Scott Luton, by POA

Shares

Title

11/05/2013

Date

** 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).

Code V

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.