FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20049 | OMB APPROVAL | | | |
|--|--------------|------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235 | | |

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| II | | | | | | | | | |

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* $\underline{DeSonier\ David\ M}$ | | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | eck all applic Directo | onship of Reporting Pers Il applicable) Director | | 10% Owner | | |
|---|---|--|--|--------|---|--|--|------|---|-------------------|-----------------------|--|---|--|---|----------------------------|--|---------------------------------------|
| (Last) | (F EGGETT R | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2009 | | | | | | | | | below) | (give title rategy&Iı | nvesto | Other (s below) or Relatio | ` ´ |
| (Street) CARTH | | | 64836 (Zip) | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) <mark>X</mark> Form f | oint/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting | | | |
| | | Tal | ole I - No | n-Deri | ivativ | re S | ecuritie | s Ac | quired | Dis | posed o | f, or Be | neficial | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. T | | 2. Trans Date (Month) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed C | | es Acquired (A) or Of (D) (Instr. 3, 4 an | | Benefici Owned I | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | Common Stock 01/ | | | 01/0 | 2/200 | 2009 | | A | | 90.3579 A \$1 | | \$13.3 | 28 34,9 | 34,994.804 | | D | | |
| | | | Table II - | | | | | | | | osed 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 D if any (Month/Day/ | Date, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | • | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e O S Fe Ily D oi | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | ole | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Options (Right to Buy) | \$15.68 | 01/02/2009 | | | A | | 29,975 | | 07/02/201 | .0 ⁽¹⁾ | 01/02/2019 | Common Stock | 29,975 | \$0 | 29,97 | 5 | D | |

Explanation of Responses:

 $1. \ The \ option \ becomes \ exercisable \ in \ three \ annual \ installments \ beginning \ on \ July \ 2, \ 2010.$

/s/ Aileen Gronewold

01/05/2009

** 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.