## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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*  HAFFNER DAVID S					2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [ LEG ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner							
(Last) (First) (Middle)  NO 1 LEGGETT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 01/02/2007									Cofficer (give title Other (specify below)  Chief Executive Officer & Pres						
(Street) CARTHA (City)			64836 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
			le I - No			_			_	l, Dis	sposed o				1			1.		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)			nd Securitie Beneficia Owned F		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct I ndirect I tr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price	1	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 01/02				01/02/2	2007				F		5,578	D	\$23	3.9	9 589,882.5156		I	D		
Common Stock												10,720		720	:	Ι .	Custodian - daughters			
Common Stock														16,15	4.7455		I .	Held in Trust under Issuer's Retirement Plan		
		Ta	able II -								osed of, c				Owned					
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, if any		4. Transa Code (I	5. Number action of			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. D S (I	8. Price of Derivative Security (Instr. 5)  8. Price of derivative Security Security Country Security		ly D	0. Ownership Form: Direct (D) Or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amount or Number of Shares							

**Explanation of Responses:** 

Aileen A. Gronewold

01/03/2007

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).