FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 |
|---------------|------|-------|
| wasiiiigtoii, | 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

| OMB APPROVAL | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | e: 0.5 | | | | | | |

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] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|---|--|---|---|---|---|------|------------------------------|-------------------------------------|--|-----------------------------|--|--|---|--|--|---|----|--|
| (Last) | ast) (First) (Middle) D. 1 LEGGETT ROAD | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/13/2023 | | | | | | | | X Officer (give title Other (specify below) Executive Vice President - CFO | | | | | |
| (Street) CARTHAGE MO 64836 | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | R | 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-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Ye | ar) i | 2A. Deemed Execution Da if any (Month/Day/Y | n Date, | | Transaction Dis Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) | Direct ct (I) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) o (D) | r Prio | се | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | | |
| Common | Common Stock 10/13/2023 | | 3 | | | A | | 228.2047 | A | \$2 | 1.2415 | 48,819.8913 | | | D | | | |
| Common | Common Stock 10/13/20. | | 10/13/2023 | 3 | | | A | | 177.3544 | A | \$1 | 19.992 | 992 48,997.2457 | | | D | | |
| Common Stock | | | | | | | | | | | | 28. | 675 | | I | Held In Trust Under Issuer's Retireme Plan | nt | |
| Common | Common Stock | | | | | | | | | | 1,272 | 1,272.9388 | | I By S _I | | se | | |
| Common Stock | | | | | | | | | | | | 22.312 | | 12 I | | Held In Trust Under Issuer's Retiremer Plan By Spouse | nt | |
| | | Tal | ole II - Derivati (e.α pu | | | | | | isposed o | | | | y Owne | d | | | | |
| 1. Title of 2. 3. Transaction Date Execution Date, Security or Exercise (Month/Day/Year) if any | | 4. Tran | 4. 5. Numb Transaction of Code (Instr. Derivati | | nber 6. Date Exercisable Expiration Date (Month/Day/Year) titles sed 3, 4 | | Exercisable an | sable and 7. Title and te Amount of | | nd 8 of 1 s 9 ng (| 8. Price of Derivative Security (Instr. 5) | | derivative Securities Beneficially Owned | | 10. Under the control of the control | | | |
| | of Respons | | | Cod | ode V (A) (D) Exercisable | | | Expirati | on Tit | or Nu of | ımber | | | | | | | |

Remarks:

/s/ S. Scott Luton, attorney-in-

10/16/2023

<u>fact</u>

** 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).