FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |
| Estimated average I | hurden | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response: 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

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|--|---|--|---|--|--|--|--|-------------|-----------------------------------|--|--|---|-----------------|---|--------------------------------------|--|---|--|---------------------------------------|--|
| Name and Address of Reporting Person* Logic Proceeds I. | | | | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>Iorio Russell J</u> | | | | | | | | | | | | | | | | Office | | | Owner (specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | X | Officer (give title below) | | below |) | |
| NO. 1 LEGGETT ROAD | | | | 07/ | 07/10/2015 | | | | | | | | | | SVI | P - Mergers | & Acquisition | ons | | |
| (Street) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| CARTHAGE MO 64836 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | - | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | ecurit | ies Ac | quired | , Dis | posed o | f, or | Ben | efici | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execu ay/Year) if any | | . Deemed ecution Date, iny onth/Day/Year) | | Transaction Disposed Code (Instr. | | ties Acquired (A) o d Of (D) (Instr. 3, 4 | | | and 5) Sed Bei Ow | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (/ | A) or O) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 07/ | | | | 07/10 | 0/2015 | | | | A | | 10.484 | | A | \$42.517 | | 17 39,327.7008 | | D | | |
| Common Stock 07/10 | | | | /2015 | /2015 | | | | | 9.6117 | 7 A \$40. | | 016 39,337.3125 | | 37.3125 | D | | | | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | y Ov | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Execution if any (Month/E | n Date, | 4. Transaction Code (Instr. 8) | | on of r. De Se Ac (A) Dis of | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | ı | Deriv | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | | (D) | Date Exercis | able | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |

Explanation of Responses:

/s/ John G. Moore, by POA 07/14/2015

** 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.