FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ington, | D.C. | 20549 |  |  |
|---------|------|-------|--|--|
|         |      |       |  |  |

| OMB APPROVAL      |           |  |  |  |  |  |  |  |  |  |
|-------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:       | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average | e burden  |  |  |  |  |  |  |  |  |  |
| hours por rospons | 0. 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

| Name and Address of Reporting Person*     MCCOY SUSAN R  |   |  |      |                               | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [ LEG ]   |   |  |                                     |                               |                |   |   |   | 5. Relationship of Repo<br>(Check all applicable)<br>Director  |   |  | 10%   | Owner   |  |
|--|---|--|------|-------------------------------|---|---|--|-------------------------------------|-------------------------------|----------------|---|---|---|--|---|--|---|---|--|
| (Last) (First) (Middle)  NO. 1 LEGGETT ROAD  |   |  |      |                               | 3. Date of Earliest Transaction (Month/Day/Year) 08/25/2023   |   |  |                                     |                               |                |   |   |   | A belov  | Officer (give title<br>below)<br>SVP - Investor                   |  | belo  | · 1   |  |
| (Street) CARTHAGE MO 64836   |   |  |      | 4. If                         | 4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Line)  X Form filed by One Reporting Pe Form filed by More than One Reperson |   |  |                                     |                               |                |   |   |   |  | erson   |  |   |   |  |
| (City) (State) (Zip)   |   |  |      |                               |   | 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.  tive Securities Acquired, Disposed of, or Beneficially Owned |  |                                     |                               |                |   |   |   |  |   |  |   |   |  |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye   |   |  | ear) | 2A. Deemed<br>Execution Date, |   | <u>,</u>  | 3.<br>Transaction<br>Code (Instr.<br>8)                |                                     | 4. Securities Acquired (A) or |                |   | l (A) or  | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |   |  |
|  |   |  |      |                               |   |   | Code   | v                                   | An                            | mount          | (A) or<br>(D)   | Price   | Reported Transaction(s) (Instr. 3 and 4)                      |  |   | (Instr. 4)   |   |   |  |
| Common Stock 08/25/202   |   |  |      | 23                            | 3   |   |  | A                                   | _                             | 2              | 20.7643   | A   | \$23.511  | 35,868   | 35,868.9981   |  | D   |   |  |
| Common Stock   |   |  |      |                               |   | 4   |  |                                     |                               |                |   |   | 1,0   | 00   |   | I  | By Spouse   |   |  |
| Common Stock   |   |  |      |                               |   |   |  |                                     |                               |                |   |   |   | 3,493.209  |   | I  |   | Held in<br>Trust<br>Under<br>Issuer's<br>Retirement<br>Plan |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |      |                               |   |   |  |                                     |                               |                |   |   |   |  |   |  |   |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ive Conversion Date Execution Date, y or Exercise (Month/Day/Year) if any |  |      |                               | Transaction of Code (Instr. Derivativ   |   | rative<br>rities<br>iired<br>r<br>osed<br>)<br>r. 3, 4 | Expiration Date<br>(Month/Day/Year) |                               |                | 7. Titl<br>Amou<br>Secur<br>Under<br>Derive<br>Secur<br>3 and | int of<br>ities<br>rlying<br>ative<br>ity (Instr. | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)           | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |   | 10.<br>Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr. | Beneficial<br>Ownership<br>ct (Instr. 4)            |   |  |
|  |   |  |      |                               | Code  | e V   | (A)  | (D)                                 | Da:<br>Exc                    | ite<br>ercisab | ole   | Expiration<br>Date                                | Title   | Amount<br>or<br>Number<br>of<br>Shares   |   |  |   |   |  |

**Explanation of Responses:** 

Remarks:

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

08/28/2023

fact

\*\* 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.