| SEC Form 4 | |
|------------|--|
|------------|--|

П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | fnc | , if n | long | | hiort t | to |
|--|-----|--------|--------|--------|---------|----|
| | | | | | | ω |
| Section 16. Form 4 or Form 5 | n 4 | rm 4 | or Fo | orm 5 | | |
| obligations may continue. See | cor | у сс | itinue | e. See | , | |
| Instruction 1(b). | |). | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPR | OVAL |
|-----------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average bur | den |
| hours per response: | 0.5 |

| | s of Reporting Perso | n* | 2. Issuer Name and Ticker or Trading Symbol LEGGETT & PLATT INC [LEG] | 5. Relationship of Reporting Person(s) t (Check all applicable) | | | | |
|--|----------------------|----------|---|--|-----------------------------------|-----------------------|--|--|
| <u>GLASSMAN KARL G</u> | | | | X | Director | 10% Owner | | |
| (Last) (First) (Middle) NO 1 LEGGETT ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | x | Officer (give title below) | Other (specify below) | | |
| | | | 09/30/2005 | | Executive Vice President | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filing | (Check Applicable | | |
| CARTHAGE | MO | 64836 | | X | Form filed by One Repor | ting Person | | |
| (City) | (State) | (Zip) | | | Form filed by More than Person | One Reporting | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|-----------------------------|---|----------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 09/30/2005 | | A | | 184.0379 | A | \$17.17 | 48,907.7579 | D | |
| Common Stock | | | | | | | | 12,676.4236 | Ι | Held in Trust under Issuer's Retirement Plan |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (c.g.,) | | | | | | (e.g., puis, cais, warants, options, convertible securities) | | | | | | | | | | |
|----------|---|--|---|--|--|--|---|-----|--|--------------------|----------------------------------|--|--|--|--|--|
| | 1. Title of Derivative Security 2. 3. Transaction Date 3A. Deemed Execution Date Security or Exercise Price of Derivative Security 3. Transaction Date 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. 5. Number Transaction Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | amount of berivative security (Instr. 5) berivative ecurity (Instr. 3) | | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

John G. Moore

10/03/2005

** 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.