FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* MCCOY SUSAN R | | | | | | 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 Officer (give title Other (specify | | | | | Owner | |
|---|---|------|--|----------|---|---|---|--|---|--------|---|---------------|---|--|--|---------|--|--|------------|--|
| (Last) (First) (Middle) NO. 1 LEGGETT ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2019 | | | | | | | | | X Officer (give title Other (specify below) SVP - Investor Relations | | | | | |
| (Street) CARTHA (City) | | | 54836 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | e I - No | on-Deriv | ative | Sec | uritie | s Ac | quired | l, Di | sposed of | f, or B | enefic | cially | / Owne | ed | | | | |
| Da | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | 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 Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock 02/2 | | | 02/26/2 | 2019 | | | | A | | 503(1) | A | \$ | 0 | 17,08 | 5.7369 | | D | | | |
| Common Stock | | | 02/26/2019 | | | | F | | 176 | D | \$45 | .73 | 16,909.7369 | | | D | | | | |
| Common Stock | | | | | | | | | | | | | | 1, | 000 | | I | By Spouse | | |
| Common Stock | | | | | | | | | | | | | | 2,90 | 6.413 | | I | Held in Trust Under Issuer's Retirement Plan | | |
| | | Та | ble II - | | | | | | | | osed of, o | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, Courity or Exercise (Month/Day/Year) if any | | | | . 5. Number of Operivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. 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 | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

1. Shares acquired pursuant to the 2017-2018 Profitable Growth Incentive Award on February 26, 2019 when the Compensation Committee approved calculations of the performance criteria.

/s/ S. Scott Luton, attorney-in-02/27/2019 <u>fact</u>

** 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.