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| LEGGETT & | & PLATT INC | | | | | | | | | |
|---------------------------------------|-------------------------------------|------------------------|--------------------------|--------------------------|--|---|--|---------------------------|------------------------|--|
| Form 4 | | | | | | | | | | |
| August 06, 2 | 2013 | | | | | | | | | |
| FORM | 1 4 | | | | | | | OMB AF | PROVAL | |
| | UNITED S | STATES SECU Wa | RITIES A ashington, | | | NGE C | COMMISSION | OMB Number: | 3235-0287 | |
| Check th | | | | | | | | Expires: | January 31, | |
| if no long subject to | | IENT OF CHA | NGES IN | GES IN BENEFICIAL OWNERS | | | | Estimated a | 2005 average | |
| Section 1 | | SECUR | SECURITIES | | | | burden hour | | | |
| Form 4 o | | | | | | | | response | 0.5 | |
| Form 5 obligatio | no - | suant to Section | | | | • | | | | |
| may cont | | a) of the Public U | • | • | · · | • | | 1 | | |
| See Instruction 1(b). | uction | 30(h) of the I | nvestment | Compar | іу Ас | t of 194 | Ю | | | |
| (Print or Type I | Responses) | | | | | | | | | |
| 1. Name and A Moore John | r Name and Ticker or Trading | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| LEGGE | | | ETT & PLATT INC [LEG] | | | | (Check all applicable) | | | |
| (Last) | (First) (M | Aiddle) 3. Date | of Earliest Ti | ansaction | | | , | | | |
| · · · · · · · · · · · · · · · · · · · | | | Day/Year) | | | Director 10% Owner X_ Officer (give title Other (specify | | | | |
| NU. I LEG | GETT ROAD | 08/02/ | 2013 | | | | below) | below) Legal & HR C | | |
| | (Street) | 4. If An | endment, Da | ate Origina | 1 | | 6. Individual or Joi | int/Group Filin | g(Check | |
| | nth/Day/Year) | | | | Applicable Line) | | | | | |
| CARTHAG | E, MO 64836 | | | | | | _X_ Form filed by O Form filed by M Person | | | |
| (City) | (State) | (Zip) Tal | ole I - Non-E | Derivative | Secur | ities Acq | uired, Disposed of, | , or Beneficiall | y Owned | |
| 1.Title of | 2. Transaction Date | | 3. | 4. Securi | | | 5. Amount of | 6. | 7. Nature of | |
| Security (Instr. 3) | (Month/Day/Year) | Execution Date, if any | Code (Instr. 3, 4 and 5) | | | | Securities Beneficially | Ownership Form: Direct | Indirect Beneficial | |
| (1130.5) | | (Month/Day/Year) | | | | 5) | Owned | (D) or | Ownership | |
| | | | | | | | Following | Indirect (I) | (Instr. 4) | |
| | | | | | (A) | | Reported Transaction(s) | (Instr. 4) | | |
| | | | Code V | A | or | D.:!- | (Instr. 3 and 4) | | | |
| Common | | | Code V | | (D) | Price \$ | | | | |
| Stock | 08/02/2013 | | S | 3,938 | D | ф 31.85 | 27,912.2163 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

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

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) | | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans |
|---|---|---|---------------------------------------|--|---------------------|--------------------|---|------------------------|--------------------------------------|---|
| | | | | (Instr. 3, 4, and 5) | Date Exercisable | Expiration Date | Title | Amount or Number | | (Instr |
| | | | Code V | (A) (D) | 2 | 2410 | | of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Moore John G. NO. 1 LEGGETT ROAD CARTHAGE, MO 64836 | | | SVP - Chief Legal & HR Officer | | | | |
| Signatures | | | | | | | |
| /s/ S. Scott Luton, by POA | 08/06/2 | 013 | | | | | |
| <u>**</u> Signature of Reporting Person | Date | | | | | | |

Explanation of Responses:

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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.