## Edgar Filing: LEGGETT & PLATT INC - Form 4

LEGGETT	& PLATT INC										
Form 4											
February 1	0, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL		
	this box	STATES			n, D.C. 20		INGE U	OMMINISSION	OMB Number:	3235-0287	
if no lo	nger			NGEG					Expires:	January 31, 2005	
subject to Section 16. Form 4 or					N BENEF JRITIES	ICIA	LOWI	NERSHIP OF	Estimated a burden hour	average urs per	
Form 5 obligat may co	Filed pu	(a) of the	Public I	Utility Ho		npan	y Act of	e Act of 1934, 1935 or Section 0	response	0.5	
(Print or Type	e Responses)										
PARK DENNIS S Syn				l	nd Ticker or PLATT IN			5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date	of Earliest	Transaction	-	-	(Check all applicable)			
(Mor				/Day/Year) /2015				Director10% Owner XOfficer (give titleOther (specify below) below) Senior Vice President			
CARTHA	(Street) GE, MO 64836			nendment, T	Date Origina ear)	1		6. Individual or Joi: Applicable Line) _X_ Form filed by On Form filed by Mo Person	nt/Group Filing ne Reporting Per	g(Check rson	
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative	Secur	ities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed onth/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securitie oror Dispose (Instr. 3, 4	d of (E and 5) (A) or	))	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6.7. NatureOwnershipIndirectForm:BeneficiaDirect (D)Ownershor Indirect(Instr. 4)(I)(Instr. 4)		
Common Stock	02/06/2015			Code V A	Amount 16.6094	(D) A	Price \$ 37.026	257,244.256	D		
Common Stock	02/06/2015			А	88.2955	A	\$ 34.848	257 232 5515	D		
Common Stock								24,822.752 <u>(1)</u>	I	Held In Trust Under Issuer's Retirement Plan	

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						· · · · ·	Date	Title	Number		
									of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address		]		
	Director	10% Owner	Officer	Other
PARK DENNIS S NO 1 LEGGETT ROAD CARTHAGE, MO 64836			Senior Vice President	
Signatures				
/s/ S. Scott Luton, by POA	02/10/20	015		
<u>**</u> Signature of Reporting	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).

(1) Balance has been updated to reflect the acquisition of 219.072 shares under the Issuer's Restated Stock Bonus Plan in transactions exempt under Rule 16b-3(c). The information in this report is based on a plan statement dated as of 12/31/2014.

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.

\*\*Signature of Reporting Person