Edgar Filing: LEGGETT & PLATT INC - Form 4

| LEGGETT | & PLATT INC | | | | | | | | | | |
|------------------------------------------------------------------------------------------------|---------------------|------------------|------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|--------|---------------------------------------------------------------|--------------------------------------------------|-------------------------|-------------------------|--|
| Form 4 | | | | | | | | | | | |
| March 21, 2 | 016 | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSI | | | | | | | | | OMB APPROVAL | | |
| UNITED STATES SECURI | | | | | RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 | | | | | 3235-0287 | |
| Check this box | | | | | | | | | Expires: | January 31, | |
| if no lon subject t | | MENT OF | CHAN | IGES IN BENEFICIAL OWNERSHIP | | | | | Estimated a | 2005 average | |
| | Section 16. | | | | RITIES | | | | burden hours per | | |
| Form 4 o | | ~ | | | ~ | | | | response | 0.5 | |
| Form 5 obligatio | - | | | | | | - | Act of 1934, | | | |
| may con | | | | • | • | - | • | 1935 or Section | l | | |
| See Instr 1(b). | ruction | 30(n) (| of the fr | ivestmen | t Compa | iny A | ct of 1940 | 0 | | | |
| (Print or Type | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person _ 2. Issue DeSonier David M Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | |
| | | | • | ETT & PLATT INC [LEG] | | | | | | | |
| (Last) | (First) (| | | | | - | - 1 | (Check | all applicable |) | |
| (Lust) | (1130) | | | of Earliest Transaction Day/Year) | | | Director | 10% | Owner | | |
| NO. 1 LEGGETT ROAD 03/17/2 | | | • | | | | XOfficer (give title Other (specify | | | | |
| | | | | | | | | below) SVP-Strateg | below) y&InvestorRel | ations | |
| | (Street) | | 4 If Δm | endment D | ate Origir | al | | - | - | | |
| | | | endment, Date Original onth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| | | | | | | | | _X_ Form filed by Or | | | |
| CARTHAC | GE, MO 64836 | | | | | | | Form filed by Mo Person | ore than One Rej | porting | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivativ | e Secu | rities Acqu | ired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deeme | ed | 3. | 4. Securi | ties A | cquired (A) | 5. Amount of | 6. | 7. Nature of | |
| Security | (Month/Day/Year) | Execution | Date, if | Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) | | | | Securities | Ownership | Indirect | |
| (Instr. 3) | | any (Month/Da | v/Year) | | | | | Beneficially Owned | Form: Direct (D) | Beneficial Ownership | |
| | | (Month/Day/Year) | | (1150. 0) | | | | Following | or Indirect | (Instr. 4) | |
| | | | | | | (A) | | Reported | (I) | | |
| | | | | | | or | | Transaction(s) (Instr. 3 and 4) | (Instr. 4) | | |
| | | | | Code V | Amount | (D) | Price | (msu: 5 and 4) | | | |
| Common | 02/17/0017 | | | C | 7 (10 | D | \$ | (5.044.4625 | D | | |
| Stock | 03/17/2016 | | | S | 7,648 | D | 47.8957 (1) | 65,944.4635 | 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. Transact Code (Instr. 8) | 5. iorNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Expiration D (Month/Day, e | n Date An Day/Year) Un Se | | le and unt of rlying ities . 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|-------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
| | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

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Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--------------------------------------------------------------|---------------|-----------|--------------------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| DeSonier David M NO. 1 LEGGETT ROAD CARTHAGE, MO 64836 | | | SVP-Strategy&InvestorRelations | | | | | |
| Signatures | | | | | | | | |
| /s/ S. Scott Luton, by POA | 03/21/2 | 016 | | | | | | |
| <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).

Weighted average from multiple transactions with prices ranging from \$47.8000 to \$48.0000. Upon request by the Commission staff,(1) Leggett, or a Leggett security holder, the reporting person will undertake to provide full information regarding the number of shares sold at each separate price.

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.