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| Form 4 March 21, 2 FORM Check if no lo subject Section Form 4 Form 5 obligat may co | M 4 UNITED this box nger to 16. or Filed pu | MENT OF CI rsuant to Secti (a) of the Publ | Washington HANGES IN SECU ion 16(a) of t | n, D.C. 205 N BENEFIC RITIES the Securitic olding Comp | 49 CIAI es Ex pany | L OWN achange Act of | Act of 1934, 1935 or Section | OMB APF OMB Number: Expires: Estimated av burden hours response | 3235-0287 January 31, 2005 erage | |
|---|--|--|--|---|------------------------------------|--|--|---|---|--|
| (Print or Type | e Responses) | | | | | | | | | |
| | Address of Reporting | nbol | In International | | | | . Relationship of Reporting Person(s) to ssuer | | | |
| (Last) | (First) | | 3. Date of Earliest Transaction (Chec | | | | | k all applicable) | | |
| NO 1 LEC | GETT ROAD | 3/17/2017 — | | | | _X_ Director 10% Owner _X_ Officer (give title Other (specify below) below) Executive Vice President - CFO | | | | |
| CARTHA | (Street) GE, MO 64836 | d(Month/Day/Year) Ar | | | | Individual or Joint/Group Filing(Check pplicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting erson | | | | |
| (City) | (State) | (Zip) | Table I - Non | -Derivative S | ecuri | ties Acqu | ired, Disposed of, | or Beneficially | Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | Code | TransactionDisposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock | 03/17/2017 | | A | 22.0936 | A | \$ 42.993 | 113,450.5623 | 3 D | | |
| Common Stock | 03/17/2017 | | А | 497.1179 | А | \$ 40.464 | 113,947.6802 | 2 D | | |
| Common Stock | | | | | | | 92,403 | I | by Matthew C. Flanigan Revocable Trust | |
| | | | | | | | 87,401 | Ι | | |

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| Common |
|--------|
| Stock |

by Spouse's Revocable Trust

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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transacti Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|--------------------------------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| FLANIGAN MATTHEW C NO 1 LEGGETT ROAD CARTHAGE, MO 64836 | Х | | Executive Vice President - CFO | | | | |
| Signatures | | | | | | | |
| /s/ S. Scott Luton, by POA | 03/21/2 | 017 | | | | | |

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** 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.