GLASSMAN KARL G Form 4/A February 12, 2019

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

2. Issuer Name and Ticker or Trading

**OMB APPROVAL OMB** 

Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

January 31, 2005

0.5

Estimated average burden hours per

response...

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations

1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

(Print or Type Responses)

1. Name and Address of Reporting Person \*

GLASSM	AN KARL G	Symbol LEGC	I SETT & PLATT INC [L		(Check all applicable)			
(Last) (First) (Middle) NO 1 LEGGETT ROAD		, , , ,	of Earliest Transaction /Day/Year) /2018	X	(Check all applicable)  _X_ Director 10% Owner _X_ Officer (give title Other (specify below)  President and CEO			
CARTHA	(Street) GE, MO 64836		nendment, Date Original Ionth/Day/Year) /2018	App: _X_	ndividual or Joint/Gr licable Line) Form filed by One Re Form filed by More that on	porting Person		
(City)	(State)	(Zip) Ta	ble I - Non-Derivative Secu	rities Acquired	l, Disposed of, or B	eneficially O	wned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acc TransactionDisposed of (D) Code (Instr. 3, 4 and 5 (Instr. 8)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficia Ownershi (Instr. 4)	
Common Stock	07/13/2018		A 1,009.4782	A \$ 36.536	360,183.0916 (2)	D		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	Year)	Underlyi	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
								٨	mount		
								01			
						Date	Expiration		umber		
						Exercisable	Date	of			
				Code V	(A) (D)				hares		

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting of their runner, requires	Director	10% Owner	Officer	Other			
GLASSMAN KARL G NO 1 LEGGETT ROAD CARTHAGE, MO 64836	X		President and CEO				

## **Signatures**

/s/ S. Scott Luton, 02/12/2019 attorney-in-fact

\*\*Signature of Reporting Person

## **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).
- Due to benefit plan administrative error, securities acquired were inadvertently under-reported by 30.9829 on Form 4 filed 7/16/2018 in a (1) transaction dated 7/13/2018, and exempt under Section 16b-3(d). The prior Form 4 reflected securities acquired of 978.4953 instead of the correct amount of 1.009.4782.
- The securities beneficially owned have been updated to reflect the addition of 30.9829 shares, as well as the addition of 29.9356 shares in (2) an exempt transaction dated 4/13/2018, as reported by amendment on 2/12/2019. Each under-reported transaction was caused by a single benefit plan administrative error.

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.

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