FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

or Section 30(h) of the Investment Company Act of 1940

| OMB APPRO | OVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| hours per response: | 0.5 | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Name and Address of Reporting Person* BOTTIE MARY C | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS] | | | | | | | | (Ch | Relationship eck all appli X Directo | cable) | ng Per | son(s) to Iss 10% Ov | | |
|---|---|--|---|---|--|---------------|---------|--|--|-----------------|------------------|--|---|--|---|---|---|---|--|
| (Last) | ` | rst) (| | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2016 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify | | |
| (Street) DUBUQ (City) | | | 52004 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tab | e I - Non | -Deriv | ative | Sec | curitie | es Ac | cquired, | Disp | osed c | of, or | Ben | eficial | ly Owned | d | | | |
| Date | | | | | | /Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year | | ction Instr. | | | | Benefici Owned I | es ally Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common | 7/2016 | 7/2016 | | | A | | 284(1 | 1) | A | \$0 | 5, | 584 | | D | | | | | |
| | | Т | | | | | | | quired, D s, option | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Yea | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersi Form: Direct (I or Indire (I) (Instr. | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | N O | Amount or Jumber of Shares | | | | | |
| Option 12/07/2010 | \$17.23 | | | | | | | | 12/07/2010 |) 12 | 2/07/2020 | Comm | | 2,500 | | 2,500 | | D | |
| Option 12/13/2011 | \$13.75 | | | | | | | | 12/13/2013 | 1 12 | 2/13/2021 | Comm | | 2,500 | | 2,500 | | D | |
| Option 12/11/2012 | \$19.72 | | | | | | | | 12/11/2012 | 2 12 | 2/11/2022 | Comm | on | 2,500 | | 2,500 | | D | |
| Option 12- 10-2013 | \$27.38 | | | | | | | | 12/10/2013 | 3 12 | 2/10/2023 | Comm | on | 2,750 | | 2,750 | | D | |
| Option | \$32.13 | | | | | | | | 12/09/2014 | 4 12 | 2/09/2024 | Comn | on | 2,750 | | 2,750 | | D | |

Explanation of Responses:

 $1. \ Restricted \ stock \ award \ granted \ in \ the \ following \ amount \ \$12,500 \ divided \ by \ the \ closing \ price \ of \ \$43.91 \ on \ March \ 8, \ 2016.$

Mary Bottie

03/09/2016

** Signature of Reporting Person

Date

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

- * 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.

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 Number.