SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person* DAVIS LYNN J						2. Issuer Name and Ticker or Trading Symbol <u>FLEXSTEEL INDUSTRIES INC</u> [FLXS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									X Directo Officer below)	r (give title		10% Owner Other (specify below)		
P.O. BOX 877						12/11/2012												,		
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
DUBUQ	UE IA	IA 52004													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned L. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																			
Date					action 2A. Deemed Execution Date, if any (Month/Day/Yea			r, Transaction Disposed Of Code (Instr. 5)						I Securitie Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) F		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock														7,	500		D		
		т	able II -	Derivat (e.g., p	tive S uts, o	Sec call	urities s, warı	Acq ants	luired, D s, option	isp s, c	osed of converti	, or l ble s	Benef secur	icially ities)	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)		n of E		6. Date Exercisal Expiration Date (Month/Day/Year		•	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title		Amount or lumber of Shares						
Option 12/09/2003	\$20.27								12/09/2003	3 1	2/09/2013		imon ock	2,500		2,500		D		
Option 12/15/2004	\$16.49								12/15/2004	4 1	2/15/2014		imon ock	2,500		2,500	,	D		
Option 12/13/2005	\$14.4								12/13/200	5 1	2/13/2015		mon ock	2,500		2,500		D		
Option 12- 12-2006	\$12.45								12/12/200	6 1	2/12/2016		mon ock	2,500		2,500	,	D		
Option 12/11/2007	\$12.74								12/11/200	7	12/11/2017		mon ock	2,500		2,500	,	D		
Option 12- 09-2008	\$6.96								12/09/200	8 1	2/09/2018		imon ock	2,500		2,500		D		
Option 12/08/2009	\$8.55								12/08/2009	9 1	2/08/2019	Com Sto	imon ock	2,500		2,500		D		
Option 12/07/2010	\$17.23								12/07/201	0	2/07/2020	Com Sto	imon ock	2,500		2,500		D		
Option 12/13/2011	\$13.75								12/13/201	1	2/13/2021	Com Sto	imon ock	2,500		2,500		D		
Option 12/11/2012	\$19.72	12/11/2012			Α		2,500		12/11/2012	2	2/11/2012	Com	imon	2,500	\$19.72	2,500		D		

Explanation of Responses:

<u>Lynn Davis</u>

<u>12/12/2012</u> Date

** Signature of Reporting Person

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.