FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB API	PROVAL
OMB Number:	3235-028

OMB Number: 3235-0287 Estimated average burden 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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [ FLXS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
BOTTIE MARY C					TEEASTEEL INDOSTMES INC [ FLAS ]									X	Directo	or		10% Owner		
(Last)	(Fii	rst) (	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/11/2012										Officer below)	(give title		Other (s below)	specify	
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
Street) DUBUQUE IA 52004														1 '	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	ate) (	(Zip)												Person					
		Tab	le I - Non-D	Deriva	tive S	Secu	urities	s Ac	quired, I	Disp	osed o	of, or	Bene	ficially	/ Owned	l				
Date					nsaction h/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A ed Of (D) (Instr. 3,				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)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock															2,	600		D		
		7	able II - De	erivati	ve Se	cur	ities	Acq	uired, Di	spc	sed of,	, or B	enefi	cially	Owned		,			
			(e.	.g., pu	ıts, ca	alls,	warr	ants	, option	s, c	onverti	ble se	curit	ies)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	ate, Tr	4. Transaction Code (Instr. 8)		n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Seci (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
				C	ode V	,	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	ımber						
Option 12/09/2003	\$20.27								12/09/2003	3 12	2/09/2013	Comm		,500		2,500	)	D		
Option 12/15/2004	\$16.49								12/15/2004	1	2/15/2014	Comm		,500		2,500	)	D		
Option 12/13/2005	\$14.4								12/13/2005	5 12	2/13/2015	Comm		,500		2,500	)	D		
Option 12- 12-2006	\$12.45								12/12/2006	5 12	2/12/2016	Comm		,500		2,500	)	D		
Option 12/11/2007	\$12.74								12/11/2007	1	2/11/2017	Comm		,500		2,500		D		
Option 12/07/2010	\$17.23								12/07/2010	12	2/07/2020	Comm		,500		2,500		D		
Option 12/13/2011	\$13.75								12/13/2011	12	2/13/2021	Comm Stock		,500		2,500		D		
Option 12/11/2012	\$19.72	12/11/2012			A		2,500		12/11/2012	1	2/11/2012	Comm	on 2	,500	\$19.72	2,500		D		

Explanation of Responses:

Mary Bottie

12/12/2012

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).