FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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Name and Address of Reporting Person* Kaness Matthew					2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS]								5. Relationship of Repo (Check all applicable) X Director			eporting Person(s) to Issuer e) 10% Owner			
(Last) (First) (Middle) P.O. BOX 877					3. Date of Earliest Transaction (Month/Day/Year) 10/21/2020								•	Office below	er (give title v)		Other (sbelow)	specify	
(Street) DUBUQ (City)			2004 Zip)		4. If <i>i</i>	Amend	ment,	Date o	of Origir	nal File	ed (Month/Da	ıy/Year)	6. Indi Line) X	Form	r Joint/Group I filed by One I filed by Moi I	e Repo	orting Pers	on
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	quired	l, Dis	sposed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3)		2. Transacti Date (Month/Day	.	Execution (Fear)		emed tion Date, n/Day/Year)				s Acquired (A) of (D) (Instr. 3, 4		1 and Securi Benefi Owned		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			10/21/2	020				P		27.3607(1)) A	\$	27.48	26,2	82.3057		D	
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date urity or Exercise (Month/Day/Year) if any		tion Date,	Transaction of Code (Instr. 8) Se Ad (A Di of (Irstr. 4) Code		of Deriv Secu Acqu (A) o Disp of (D	or osed) r. 3, 4	6. Date Exerd Expiration D (Month/Day/		Oate Ame (Year) Sec Und Der		e and unt of rities rlying ative rity (Ins	De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

1. Shares acquired under a broker automatic dividend reinvestment plan.

/s/ Jennifer Zeman, attorney-

in-fact

** Signature of Reporting Person

Date

10/21/2020

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.