FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| l | OMB APPR | OVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |

0.5

hours per response:

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

| 1. Name and Address of Reporting Person* <u>DREHER DONALD D</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | |
|--|---|--|---|--------|---|---|----------------------------------|--------------------------|---------------------------------------|---|--------------------|--|--------------------------------|---|---|---|---|---------------|---|--|
| (Last) (F | | First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/08/2008 | | | | | | | | X | Officer (give title below) Sr. Vice P | | Presi | below) | зреспу | | |
| (Street) DUBUQUE IA 52004 (City) (State) (Zip) | | | | | | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/l | | | | | Saction 2A. E Exec Day/Year) if any | | 2A. Deeme Execution if any | a. Deemed secution Date, | | 3. 4. Securi Transaction Disposed Code (Instr. 5) | | of, or Beneficial ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | int (A) or (D) | | се | Transaction(s) (Instr. 3 and 4) | | | | (11341.4) | |
| Common | Stock | | | | | | | | | | | | 1,000 | | D | | | | | |
| | | - | Γable II - Γ | | | | | | uired, D , option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | ate, T | 4. Transaction Code (Instr 8) | | | | 6. Date Ex Expiration (Month/Da | n Date | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership et (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | expiration Date | Title | Amo or Num of Shar | ber | | | | | | |
| Option 12/13/2005 | \$14.4 | | | | | | | | 12/13/200 | 05 1 | 2/13/2015 | Common | 10,7 | 750 | | 10,750 |) | D | | |
| Option 12/08/2003 | \$19.21 | | | | | | | | 12/08/200 | 03 1 | 1/25/2013 | Common | 8,0 | 00 | | 8,000 | , | D | | |
| Option 12/14/2004 | \$16.49 | | | | | | | | 12/14/200 | 04 1 | 2/14/2014 | Common | 10,0 | 000 | | 10,000 |) | D | | |
| Option 12/11/2006 | \$12.65 | | | | | | | | 12/11/200 | 06 1 | 2/11/2016 | Common | 10,0 | 000 | | 10,000 |) | D | | |
| Option 12/10/2007 | \$12.35 | | | \neg | | | | | 12/10/200 | 07 1 | 2/10/2017 | Common | 10,0 | 000 | | 10,000 |) | D | | |
| Option 12/08/2008 | \$6.81 | 12/08/2008 | | | A | | 20,000 | | 12/08/200 | 08 1 | 2/08/2018 | Common | 20,0 | 000 | \$6.81 | 20,000 |) | D | | |

Explanation of Responses:

Donald Dreher

12/09/2008

** 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.

^{*} 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).