FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					OI :	Secu	1011 30(11)	oi trie	mvesimeni	COI	ipany Act	01 1940							
1. Name and Address of Reporting Person* BOYLEN L BRUCE					2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DOTE	DIV II DIV	<u>CCL</u>			1									X	Directo	r		10% Ov	vner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2004										(give title		Other (s below)	specify	
3563 N.V	V. MCCRE.	ADY DRIVE																	
(Street)					4. If	Ame	endment,	Date	of Original F	iled	(Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line)						
BEND OR 99			97701									X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)																			
		Tab	le I - Nor	-Deriv	ative	Se	curitie	s Ac	cquired, [Dis	osed c	f, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
		Т	able II - I	Derivat	tive S	Sec	urities	Acq	uired, Di	spo	sed of	or Ben	eficia	lly C) Wned				
			((e.g., p	uts, (call	s, warr	ants	s, options	s, c	onverti	ble seci	urities	s)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Inst 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		S (I	. Price of perivative security nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
							of (D) (Instr. 3, 4 and 5)									Transaction(s) (Instr. 4)			
									Date	T _E	xpiration		Amou or Numb						
					Code	v	(A)	(D)	Exercisable		ate	Title	Share	s					
Option 12/6/1995	\$11.25								(1)	1	2/06/2005	Common Stock	(1)			1,000		D	
Option 12/11/1996	\$12.75								(1)	1	2/11/2006	Common Stock	(1)			1,000		D	
Option 12/10/1997	\$12.656								(1)	1	2/10/2007	Common Stock	(1)			1,000		D	
Option 12/15/1998	\$12.75								(1)	1	2/15/2008	Common Stock	(1)			1,000		D	
Option 12/09/1999	\$13.594								(1)	1	2/09/2009	Common Stock	(1)			1,000		D	
Option 12/11/2000	\$10.563								(1)	1	2/11/2010	Common Stock	(1)			1,000		D	
Option 12/11/2001	\$10.75								(1)	1	2/11/2011	Common Stock	(1)			1,000		D	
Option 12/10/2002	\$15.925								(1)	1	2/10/2012	Common Stock	(1)			2,500		D	
Option 12/09/2003	\$20.27								(1)	1	2/09/2013	Common Stock	(1)			2,500		D	
Option 12/15/2004	\$16.49	12/15/2004			J ⁽²⁾		2,500		12/15/2004	1	2/15/2014	Common Stock	2,50	0	\$16.49	2,500		D	

Explanation of Responses:

- 1. No activity for this option
- 2. Granted pursuant to the Flexsteel Industries, Inc. 2002 Stock Option Plan

Remarks:

L Bruce Boylen

12/15/2004

** 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.