FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APF	PROVAL					
	OMB Number: 3235-0104 Estimated average burden						
	hours per response	e: 0.5					

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

EDWARDS MICHAEL Requirin (Month/I			Date of Event Requiring Staten Month/Day/Year 2/05/2016	nent	3. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS]							
(Last) (First) (Middle) P.O. BOX 877		(Middle)				titionship of Reporting Person at all applicable) Director	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check			
(Street) DUBUQUE (City)	IA (State)	52004 (Zip)				Officer (give title below)	Other (spe below)	city	Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Т	able I - Non	-Derivati	ive S	ecurities Beneficiall	y Owned					
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		t (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock												
Common Stock	k					0	D					
Common Stock	K	(e. <u>ç</u>				0 urities Beneficially options, convertible	Owned	s)				
1. Title of Deriva				is, warra	nts, c	urities Beneficially	Owned securities	4. Conver or Exer Price o	cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Michael Edwards

12/05/2016

** 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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).