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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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			01 00		vestment oon							
1. Name and Address of Reporting Person [*] RICHARDSON JAMES R				er Name and Ticke XSTEEL INI	υ.	/mbol S INC [FLXS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
							X	Director	10% (Owner		
(Last)	(First)	(Middle)		e of Earliest Transa	ction (Month/D	ay/Year)	X	Officer (give title below)	Other below	(specify)		
P. O. BOX 877			12/14	/2004				Senior V.P. Marketing				
(Street)				mendment, Date of	Original Filed	(Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
DUBUQUE	IA	52004					X	Form filed by One Reporting Person				
(City)	(State)	(Zip)						Form filed by Mo Person	re than One Rep	orting		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1 Title of Security (Instr. 2)				24 Deemed	3	A Securities Acquired (A) or	5 Amount of	6 Ownershin	7 Nature of		

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock								179,920	D	
Common Stock								10,305	I	401k Plan
Common Stock								13,413	Ι	By Flexsteel Industries
Common Stock								1,332	I	By Wife
Common Stock								184,588	Ι	Trust

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code (8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	ive ies ed ed nstr.	6. Date Exerc Expiration Da (Month/Day/N	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Option 12/09/1999	\$13.25							(1)	12/09/2009	Common Stock	(1)		9,000	D	
Option 11/14/2000	\$10.75							(1)	11/14/2010	Common Stock	(1)		700	D	
Option 11/02/2001	\$10.3							(1)	11/02/2011	Common Stock	(1)		1,050	D	
Option 12/09/2002	\$15.925							(1)	12/09/2012	Common Stock	(1)		10,750	D	
Option 12/08/2003	\$19.21							(1)	11/25/2013	Common Stock	(1)		10,750	D	
Option 12/14/2004	\$16.49	12/14/2004		J ⁽²⁾		10,750		12/14/2004	12/14/2014	Common Stock	10,750	\$16.49	10,750	D	

Explanation of Responses:

1. No activity for this option

2. Granted pursuant to the Flexsteel Industries, Inc. 2002 Stock Option Plan

Remarks:

James R Richardson

** Signature of Reporting Person

12/15/2004

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.