FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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ngton, D.C. 20549	OMB APPROVAL
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OMB Number:	3235-0287
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5. Relationship of Reporting Person(s) to Issuer

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

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

2. Issuer Name **and** Ticker or Trading Symbol

BERTSCH JEFFREY T				FL	FLEXSTEEL INDUSTRIES INC [FLXS]								X Directo	•	10%	Owner			
(Last)	•	First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/15/2013									X Officer (give title Other (specify below) VP-Corporate Services				
(Street)	UE IA	IA 52004			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(State) (Zip)												Person						
		Tab	le I - N	on-Deriv	vative	Sec	uritie	es Ac	quirec	l, Di	sposed o	of, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) Amount (A) or Price		5. Amount Securities Beneficial Owned Fo Reported Transactio	ly (D) (I) (m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
Common Stock									Code	•	Amount	(D)	File	9,76		By I Flex Indu			
Common	Stock											\top		16,5	00	I I			
Common Stock														111,1	53(1)	I	Contingent Bene. Various Trusts		
Common	Stock			07/15/	2013	13		G	V	450	D	\$25.45	218,673		D				
		Т	able II								posed of			Owned					
Security or Exercise (Month/Day/Year) if any			4. Transa Code (8)	5. Number action of		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and	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((Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)				
													Amount						
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Number of Shares						
Option 12/08/2003	\$19.21								12/08/2	003	11/25/2013	Common Stock	10,750		10,750	D			
Option 12/14/2004	\$16.49								12/14/2	004	12/14/2014	Common Stock	10,750		10,750	D		_	
Option 12/13/2005	\$14.4								12/13/20	005	12/13/2015	Common Stock	10,750		10,750	D			
Option 12/11/2006	\$12.65								12/11/20	006	12/11/2016	Common Stock	10,000		10,000	D			
Option 12/10/2007	\$12.35								12/10/20	007	12/10/2017	Common Stock	10,000		10,000	D			
Option 12/08/2008	\$6.81								12/08/2	008	12/08/2018	Common Stock	20,000		20,000	D			
Option 12/07/2009	\$8.42								12/07/2	009	12/07/2019	Common Stock	15,000		15,000	D			
Option 12/06/2010	\$17.23								12/06/2	010	12/06/2020	Common Stock	5,000		5,000	D			
Option 12/12/2011	\$13.9								12/12/2	011	12/12/2021	Common Stock	5,000		5,000	D			
Option 12/10/2012	\$19.77								12/10/20	012	12/10/2022	Common Stock	3,300		3,300	D			

Explanation of Responses:

Date

^{1.} Neither this report nor its filing shall be deemed an admission that the reporting person is, for purposes of Section 16 of the Act or otherwise beneficial owner of these securities.

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.