FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

| OMB APP | ROVAL |
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| OMB Number: | 3235-0287 |
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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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* KLOSTERMAN RONALD J | | | | | FL | Suer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | eck all applic Directo | cable) or (give title | orting Person(s) to Issue 10% Owr itle Other (sp below) | | ner |
|---|---------------------------------------|--|-----------------|---------|------------------|---|---------|-------|---|-----------|------------------|--|--|---|-----------------------------|--|--|---------------------------------------|
| ` ' | (Last) (First) (Middle) P. O. BOX 877 | | | | 12/16/2003 | | | | | | | | V P Finance and C.F.O. | | | | | |
| (Street) | UE IA | . 5 | 52004 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | e) X Form f Form f | Form filed by More than One Reporting | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | Persor | 1 | | | |
| | | Tab | e I - No | n-Deriv | ative | Sec | curiti | es Ac | quired, | Dis | osed o | of, or Be | neficia | lly Owned | t. | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/I | | | Execution Date, | | Code (I | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) | | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Direct of Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | Instr. 4) | |
| Common | nmon Stock 12 | | 12/16 | /2003 | /2003 | | J | | 1,450 | ,450 A \$ | | 14 67 | ,177 | D | | | | |
| Common Stock | | | | | | | | | | | 3, | ,571 | | 1 1 | 401K Plan | | | |
| | | Т | | | | | | | uired, D s, option | | | | | / Owned | | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution [| | Code (Inst | | on of E | | 6. Date Exercisable al Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Option 12/09/1999 | \$13.25 | 12/16/2003 | | | J ⁽¹⁾ | | | 1,500 | 12/09/199 | 9 1 | 2/09/2009 | Common Stock | 1,500 | \$13.25 | 7,500 | | D | |
| Option 11/14/2000 | \$10.75 | 12/16/2003 | | | J ⁽¹⁾ | | | 700 | 11/14/200 | 0 1 | 1/14/2010 | Common Stock | 700 | \$10.75 | 0 | | D | |
| Option 11/02/2001 | \$10.3 | 12/16/2003 | | | J ⁽¹⁾ | | | 1,050 | 11/02/200 | 1 1 | 1/02/2011 | Common Stock | 1,050 | \$10.3 | 0 | | D | |
| Option 12/09/2002 | \$15.925 | | | | | | | | (2) | 1 | 2/09/2012 | Common Stock | (2) | | 10,750 | | D | |
| Option | \$19.21 | | | | | | | | (2) | 1 | 1/25/2013 | Common | (2) | | 12,000 | | D | |

Explanation of Responses:

- 1. Exercise of Stock option. Purchased 3,250 shares by swap and cash at a market price of \$21.09
- 2. No activity for this option

Remarks:

Ronald J Klosterman

12/17/2003

** 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.

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