## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number	3235-028

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>HOLLORAN THOMAS E</u>				2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [ FLXS ]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner								
(Last) (First) (Middle) P O BOX 877					3. Date of Earliest Transaction (Month/Day/Year) 12/12/2006									Officer (give title Other (specify below) below)							
(Street) DUBUQUE IA 52004				4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person							
(City)	(St	ate) (	(Zip)																		
1. Title of Security (Instr. 3) 2. Tra			2. Transa Date	rivative Se unsaction th/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		r, Transaction Disposed Code (Instr. 5)		of, or Benefi rities Acquired (A ed Of (D) (Instr. 3,		(A) or	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	t (A) or (D)		Price	Transac (Instr. 3	ction(s)						
Common Stock															10	0,680		D			
		Т	able II - D						uired, Di s, option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	ate, T	4. Transaction Code (Instr 8)		5. Number 6 n of E		6. Date Exe	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or No of	ımber							
Option 12/10/1997	\$12.656								12/10/1997	12	2/10/2007	Comm Stock		,000		1,000		1,000		D	
Option 12/15/1998	\$12.75								12/15/1998	1	2/15/2008	Comm Stock		,000		1,000		D			
Option 12/09/1999	\$13.594								12/09/1999	12	2/09/2009	Comm Stock		,000		1,000		D			
Option 12/11/2000	\$10.563								12/11/2000	1	2/11/2010	Comm		,000		1,000	)	D			
Option 12/11/2001	\$10.75								12/11/2001	1	2/11/2011	Comm Stock		,000		1,000	)	D			
Option 12/10/2002	\$15.925								12/10/2002	2 12	2/10/2012	Comm Stock		,500		2,500	)	D			
Option 12/09/2003	\$20.27								12/09/2003	3 12	2/09/2013	Comm Stock		,500		2,500	)	D			
Option 12/15/2004	\$16.49								12/15/2004	12	2/15/2014	Comm Stock		,500		2,500	,	D			
Option 12/13/2005	\$14.4								12/13/2005	12	2/13/2015	Comm Stock		,500		2,500	,	D			
Option 12-	\$12.45	12/12/2006			J <sup>(1)</sup>		2.500		12/12/2006	12	2/12/2016	Comm	on 2	.500	\$12.45	2,500		D			

## **Explanation of Responses:**

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

Thomas Holloran

12/14/2006

\*\* 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.