FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	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

Name and Address of Reporting Person*     Czanderna Karel K						2. Issuer Name <b>and</b> Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [ FLXS ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director							
(Last) P.O. BOX	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015								X	Officer (give title below)  President & CEO			specify			
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 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 - No	n-Deriv	vative	Se	curit	ies Ac	quired,	Dis	posed c	of, or Be	enefici	ally (	Owned	l					
Dat					ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.					4 and Securit Benefic Owned		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	r Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock	1/2015	2015			M		6,000	(1) A	\$43	.09	17,	736		D						
Common Stock 07/0						/2015		F		2,877 D		\$43	.09	14,	,859		D				
		Т	able II -								osed of				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed n Date,	4. Transaction Code (Instr 8)		5. Number n of		6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		nt 8. De	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amour or Number of Shares	er							
Option 07/02/2012	\$20.5								07/02/201	.2	07/02/2022	Common Stock	25,00	0		25,000	)	D			
Option 12/10/2012	\$19.77								12/10/201	.2 1	12/10/2022	Common Stock	5,000	)		5,000		D			
Option 12/09/2013	\$27.57								12/09/201	.3 1	12/09/2023	Common Stock	3,600	)		3,600		D			
Option 12/08/2014	\$31.06								12/08/201	4 1	12/08/2024	Common Stock	3,200	)		3,200		D			
Restricted Stock	(2)	07/01/2015			M			6,000	(3)		(3)	Common Stock	10,00	0 \$	43.09 <sup>(2)</sup>	4,000		D			

## **Explanation of Responses:**

- 1. Restricted stock units convert into common stock on a 1 for 1 basis.
- 2. Each restricted stock unit represents a contingent right to receive one share of FLXS common stock.
- 3. The restricted stock units vest in three installments. 6,000 shares on July 1, 2015, 2,000 shares on July 1 2016 and 2,000 shares on July 1, 2017. Vested shares will be delivered to the reporting person on July 1 of each respective year.

Karel Czanderna

07/02/2015

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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.