Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | C. 20549 |
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| STATEMENT OF CHANGES IN BENEFICIA | AL OWNERSHIP |
|-----------------------------------|--------------|
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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* Kaness Matthew | | | | 2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS] | | | | | | | | | ck all app | ionship of Reportir all applicable) Director | | son(s) to Is | | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------|--------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------|-----|------------------------------------------------------|--------------------------------------------------------------------------------------------------|------|--------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------|----------------|------------|
| (Last) | ` | rst) (I | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/09/2021 | | | | | | | | | Office below | er (give title v) | | Other (sbelow) | specify |
| (Street) DUBUQ (City) | | | 2004 Zip) | | 4. If A | , | | | | | | | | | p Filing (Check Applicable Reporting Person re than One Reporting | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | 3. 4. Securities Acquired Disposed Of (D) (Instr. 8) | | | | | | ies ially Following | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | Amount (A) or (D) | | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | ommon Stock 12/09 | | | 12/09/2 | 2021 | | A | | 574 ⁽¹⁾ A | | : | \$30.5 | 36,025.5123 | | | D | | | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owned | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) if any (Month/Day/Year) Code (Ins | | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Str. | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Num of Shar | | | | | | |

Explanation of Responses:

1. Stock award granted in the following amount \$17,507 divided by the closing price of \$30.50 on December 9, 2021.

/s/ Jennifer Zeman, attorney-

in-fact

** Signature of Reporting Person Date

12/10/2021

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.