FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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 ]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner						
(Last) (First) (Middle) 1201 YALE PLACE #1302					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2004													specify		
1201 IAEL LENGE #1302				4. If	Ame	endment,	Date	of Original F	iled	(Month/Da	ay/Yea	ar)		6. Individual or Joint/Group Filing (Check Applicable						
(Street) MINNEAPOLIS MN 55403					3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3									Line)  X Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)															Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Trans. Date (Month/I			Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			Benefici Owned I	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	nt (A) or (D)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock													9,	9,680		D				
		Т							uired, Di s, option					-	Owned					
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction 3A. Deemed 4. 5. Number of Execution Date Execution Date, or Exercise (Month/Day/Year) if any Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) Secul Unde Deriv			tle and ount of urities erlying vative S rr. 3 and		8. Price of Derivative Security (Instr. 5)  8. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)								
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	0 N 0	mount r lumber f shares						
Option 12/6/1995	\$11.25								(1)	1	2/06/2005	Com	mon ock	(1)		1,000	)	D		
Option 12/11/1996	\$12.75								(1)	1	2/11/2006		mon ock	(1)		1,000	)	D		
Option 12/10/1997	\$12.656								(1)	1	2/10/2007	Com	imon ock	(1)		1,000	)	D		
Option 12/15/1998	\$12.75								(1)	1	2/15/2008		imon ock	(1)		1,000	)	D		
Option 12/09/1999	\$13.594								(1)	1	2/09/2009		imon ock	(1)		1,000	)	D		
Option 12/11/2000	\$10.563								(1)	1	2/11/2010	Com	imon ock	(1)		1,000	)	D		
Option 12/11/2001	\$10.75								(1)	1	2/11/2011		imon ock	(1)		1,000	)	D		
Option 12/10/2002	\$15.925								(1)	1	2/10/2012	Com	imon ock	(1)		2,500		D		
Option 12/09/2003	\$20.27								(1)	1	2/09/2013	Com	imon ock	(1)		2,500	)	D		
Option 12/15/2004	\$16.49	12/15/2004			<b>J</b> (2)		2,500		12/15/2004	1	2/15/2014	Com		2,500	\$16.49	2,500	)	D		

## **Explanation of Responses:**

- 1. No activity for this option
- 2. Granted pursuant to the Flexsteel Industries, Inc. 2002 Stock Option Plan

## Remarks:

Thomas E Holloran

12/15/2004

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.