## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

**OMB APPROVAL** 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

Name and Address of Reporting Person*			2. IS	2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [ FLXS ]							5. R (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LAURITSEN KENNETH B											1		Directo	r		10% Owner		
-					-				.: 4.4				— ,		(give title		Other (s	pecify
(Last)	(F	irst)	(Middle)				of Earliest	Trans	action (Mo	nth/L	Day/Year)			below)		1.0	below)	
P. O. BO	OX 877				12/	12/08/2003								I	President and C.E.O.			
(Street)					4. If	Ame	endment, C	Date o	of Original	Filed	(Month/Da	ıy/Year)	6. In Line	dividual or J	oint/Group	Filing	(Check App	licable
DUBUQ	UE IA	1	52004												iled by One	e Repoi	rting Persor	.
																	One Report	
(City)	(S	tate)	(Zip)											Person	1			
		Tab	le I - No	n-Deriv	/ative	e Se	ecurities	Ac	quired,	Dis	posed o	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa					action				3. 4. Securities Acquired (A)									. Nature of
	Date				Day/Year)		Execution Date, if any		Code (Instr.				tr. 3, 4 and	Securitie Beneficia	ally (D)	(D) or	Indirect   B	Indirect Beneficial
ľ						(Month/Day/Year)		r) 8)		I I			Owned F Reported	1	(I) (Instr. 4)		Ownership (Instr. 4)	
									Code	٧	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s) ınd 4)			
Common	Stock													90,	540		D	
Common Stock											5,17		I		01k plan			
						$\Box$											Е	By
Common	Stock													15,	306			lexsteel
															I	ndustries		
		-	Гable II -	Deriva	tive	Sec	urities	Acq	uired, D	ispo	osed of,	or Bene	eficially	Owned		,	·	
												ble secu						
1. Title of 2. 3. Transaction 3A. Dec					4.						7. Title an		8. Price of 9. Numb				11. Nature	
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any				· 1	Transa Code (l		r. Derivative		Expiration Dat (Month/Day/Ye			of Securities Underlying		Derivative Security	derivative Securities		Ownership Form:	Beneficial
(Instr. 3)	(Month/Da	ıy/Year) 8)		Securities Acquired		De (Ir			Derivative (Instr. 3 ar	Security nd 4)	(Instr. 5)	Beneficially Owned Following Reported		Direct (D) or Indirect	Ownership (Instr. 4)			
Derivative Security							(A) or Disposed							<u> </u>			(I) (Instr. 4)	'
							of (D) (Instr. 3, 4 and 5)							Transacti				
				-			10, 14.14	1 1		Т			Amount					
													or Number					
							1,,,		Date		xpiration		of					
					Code	٧	(A)	(D)	Exercisab	ie L	Date	Title	Shares					-
Option 12/09/1999	\$13.25								(1)	1	12/09/2009	Common Stock	(1)		12,000		D	
Option 11/14/2000	\$10.75								(1)		11/14/2010	Common Stock	(1)		4,70	0	D	
Option 11/02/2001	\$10.3								(1)		11/02/2011	Common Stock	(1)		5,30	0	D	
Option 12/09/2002	\$15.925								(1)	1	12/09/2012	Common Stock	(1)		15,00	00	D	
Option	\$19.21	12/08/2003			J <sup>(2)</sup>		15,000		12/08/200	3 1	11/25/2013	Common	15,000	\$19.21	15,00	00	D	

## **Explanation of Responses:**

- 1. No activity for this option
- 2. Granted pursuant to the Flexsteel Industries, Inc. 1999 Stock Option Plan.

## Remarks:

Kenneth B Lauritsen

\*\* Signature of Reporting Person

12/09/2003

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.