FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
HOLLORAN THOMAS E						FLEASTEEL INDUSTRIES INC [FLXS]									X Director			10% Owner					
(Last) P O BOX	(Fi	rst) ((Middle)				te of Earliest Transaction (Month/Day/Year) 3/2005								Officer below)	(give title		Other (s below)	specify				
,				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)	UE IA		52004										Line	X Form fi Form fi	orting Perso One Repo								
(City)	(St	ate) ((Zip)										Person										
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) Date (Month/D					Execution Date,			Code (Transaction Disposed Of (D) Code (Instr. 5)					d Securitie Benefici Owned F	Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock															10	10,680		D					
		т	able II -						luired, D 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. Deemed 4. 5. Number 6. Date Expiration Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) 5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Expiration (Month/Date)		Date					8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)									
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title		Amount or Jumber of Shares									
Option 12/11/1996	\$12.75								12/11/199	6 1	2/11/2006		nmon ock	1,000		1,000		1,000		1,000		D	
Option 12/10/1997	\$12.656								12/10/199	7 1	2/10/2007		nmon ock	1,000		1,000		1,000		D			
Option 12/15/1998	\$12.75								12/15/199	8 1	2/15/2008		nmon ock	1,000		1,000		1,000		D			
Option 12/09/1999	\$13.594								12/09/199	9 1	2/09/2009		nmon ock	1,000		1,000		D					
Option 12/11/2000	\$10.563								12/11/200	0 1	2/11/2010		nmon ock	1,000	1,00		,	D					
Option 12/11/2001	\$10.75								12/11/200	1 1	2/11/2011		nmon ock	1,000		1,000		D					
Option 12/10/2002	\$15.925								12/10/200	2 1	2/10/2012		nmon ock	2,500		2,500		D					
Option 12/09/2003	\$20.27								12/09/200	3 1	2/09/2013		nmon ock	2,500		2,500		D					
Option 12/15/2004	\$16.49								12/15/200	4 1	2/15/2014		nmon ock	2,500		2,500		D					
Option 12/13/2005	\$14.4	12/13/2005			J (1)	v	2,500		12/13/200	5 1	2/13/2015		nmon ock	2,500	\$14.4	2,500		D					

Explanation of Responses:

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

Thomas Holloran

12/15/2005

** 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.