FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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). |
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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

| 1. Name and Address of Reporting Person* BOTTIE MARY C | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>FLEXSTEEL INDUSTRIES INC</u> [FLXS] | | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|----------------------|--|---|-----------------------|--|--|--|-----|--|-----|--------------------|---|-------------|---------------------|--|--|---------------|---|---|--|
| (Last) | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify | |
| P.O. BOX 877 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | X | | n filed by Or | | | | |
| DUBUQ | UE IA | . 5 | 52004 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | | |
| | | Table | l - No | n-Deriva | tive Se | ecui | rities | Acq | uired, | Dis | posed of | f, or | Ben | eficia | ly Owr | ned | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | y/Year) | Exec if any | Deemed cution Date, y nth/Day/Year) | | 3. Transaction Code (Instr.4. Securiti Disposed and 5)8) | | | | | | Securi Benefi Owneo Follow | cially d ving | Forn (D) c | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (# (E | A) or D) | Price | | ted action(s) 3 and 4) | | | | |
| Common Stock 06/15/2 | | | | | 2023 | | | | A 1,10 | | 1,161(1 |) | A | \$ <mark>0</mark> | \$0 25,91 | | | D | | |
| | | Tab | | Derivati (e.g., pu | | | | | | | | | | | v Owne | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversi or Exerci Price of Derivativ Security | | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | j Di Si g (li | Price of erivative ecurity hstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownershi (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | or | ount nber res | | | | | | |

Explanation of Responses:

1. Shares awarded as part of quarterly non-executive director compensation.

/s/ Jennifer Zeman, attorney-

06/16/2023

in-fact
** Signature of Reporting Person Date

Signature of Reporting 1 closer Da

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.