FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| shington, | D.C. | 20549 | | |
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| 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).

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* Levine Thomas M | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS] | | | | | | | | Relationship of Reporti (Check all applicable) X Director | | | ing Person(s) to Issuer 10% Owner | | |
|--|---------|--|---|--------------------------------|---|---|--|------|------------------|--|--------------------|---|--|---|---|---------------------------------------|--|--|
| (Last) (First) (Middle) P.O. BOX 877 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2021 | | | | | | | | Officer below) | (give title | | Other below | (specify | |
| (Street) DUBUQI | | | 52004 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | ction | ion 2A. Deemed Execution Date, | | 3. 4. Securities Acquired Disposed Of (D) (Instr. Code (Instr. 5) | | | l (A) or | or 5. Amount of Securities Beneficially Owned Followin | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock | | | 09/09/2 | 09/09/2021 | | | | A | | 501(1) | A | \$34.98 | 3 17,9 | 17,975 | | D | | |
| Common Stock | | | | | | | | | | | | | 63 | 34 | | I | 2013 Revocable Trust of Thomas, Thomas M Levine TTEE | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Conversion Security or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 3) | | 5. Number 6 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | sable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Option 12- 10-2013 | \$27.38 | | | | | | | | 12/10/20 | 013 | 12/10/2023 | Common Stock | 2,750 | | 2,75 | 0 | D | |
| Option 12/09/2014 | \$32.13 | | | | | | | | 12/09/20 | 014 | 12/09/2024 | Common Stock | 2,750 | | 2,75 | 50 | D | |

Explanation of Responses:

 $1. Stock award granted in the following amount \$17,542\ divided by the closing price of \$34.98\ on\ September\ 9,\ 2021.$

/s/ Jennifer Zeman, attorney-in-09/10/2021 **fact**

** Signature of Reporting Person 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.