FORM 4

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

Washington, D.C. 20549	OMB APPROVA			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	323		

	OMB Number:	3235-028									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction				2 100	wor N		nd Tiels	or or T	dina (	Symbol			F Dela	tionak:	of Dono-ti-	na De-r	oon(o) to lo	ouer		
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)								
<u>Creekmuir William S.</u>													1	1	Direc	tor		10% Ov	vner		
(Last) 385 BEL	`	rst) (f	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/12/2024										Officer (give title Other (specify below) below)							
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DUBUOUE IA 52001														✓.	Form filed by One Reporting Person						
														Form filed by More than One Reporting Person							
(City)	(St	ate) (2	Zip)																		
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	, or E	Benef	icially	Own	ed					
Date				2. Transac Date (Month/Da		Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			, 4 and Securitie Beneficia Owned F		ties cially I Following	Form:	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) (D)	or Pi	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 09/12/2					2024		Α		590(1)	590 <sup>(1)</sup> A		\$ <mark>0</mark>	28,580		D						
		Tal									sed of, onvertib				Owne	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	on Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amou or Numb of Shares	er							

## **Explanation of Responses:**

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

/s/ Jennifer Zeman, attorneyin-fact \*\* Signature of Reporting Person

09/13/2024

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.