FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-01      |     |  |  |  |  |  |  |
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| hours per response:      | 0.5 |  |  |  |  |  |  |

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

| DREHER DONALD D  |         |  | . Date of Event<br>lequiring Staten<br>Month/Day/Year<br>1/04/2005 | nent   | 3. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [ FLXS ]                                   |                                    |   |   |                          |  |  |  |
|--|---------|--|--|--|---|------------------------------------|---|---|--------------------------|--|--|--|
| (Last) P. O. BOX 87  | (First) | (Middle)   |  |  | 4. Relationship of Reporting Perso<br>(Check all applicable)<br>Director  | on(s) to Issue                     | (Moi  | 5. If Amendment, Date of Original Filed (Month/Day/Year)    |                          |  |  |  |
|  |         |  |  | X Officer (give title below)   | Other (spe  |                                    | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |                          |  |  |  |
| (Street)   |         |  |  |  | Senior Vice Pres  | sident                             | X   | X Form filed by One Reporting Person                        |                          |  |  |  |
| DUBUQUE  | IA      | 52004  |  |  |   |                                    |   | Form filed by<br>Reporting P                                | y More than One<br>erson |  |  |  |
| (City)   | (State) | (Zip)  |  |  |   |                                    |   |   |                          |  |  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |         |  |  |  |   |                                    |   |   |                          |  |  |  |
| 1. Title of Security (Instr. 4)  |         |  |  |  | 2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) |                                    | t (D)   (Instr  | 4. Nature of Indirect Beneficial Ownership (Instr. 5)       |                          |  |  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |  |  |  |   |                                    |   |   |                          |  |  |  |
| 1. Title of Derivative Security (Instr. 4)   |         | 2. Date Exercisable and Expiration Date (Month/Day/Year) |  | d 3. Title and Amount of Securities<br>Underlying Derivative Security (Instr. 4) |   | 4.<br>Conversion<br>or Exercise    | 5.<br>Ownership<br>Form:                                    | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |                          |  |  |  |
|  |         | Date<br>Exercisable                                      | Expiration<br>Date   | Title  | Amount<br>or<br>Number<br>of<br>Shares  | Price of<br>Derivative<br>Security | Direct (D)<br>or Indirect<br>(I) (Instr. 5)                 |   |                          |  |  |  |
| Option 12/08/2   | 2003    |  | 12/08/2003   | 11/25/2013   | Common Stock  | 8,000                              | 19.21   | D   |                          |  |  |  |
| Option 12/14/2   | 2004    |  | 12/14/2004   | 12/14/2014   | Common Stock  | 10,000                             | 16.49   | D   |                          |  |  |  |

**Explanation of Responses:** 

Donald D Dreher

01/04/2005

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).