FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington. | $D \subset$ | 20540 | |
|---------------|-------------|-------|--|
| vasilliululi. | D.C. | 20049 | |

| STATEMENT (| OF | CHANGES | IN I | BENEFICIAL | OWNERSHIP |
|-------------|----|----------------|------|------------|-----------|
| | | | | | |

| 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* <u>Creekmuir William S.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC [FLXS] | | | | | | | | Relationshipheck all app | licable) | ng Per | rson(s) to Is | | | |
|---|--|---------|------------------------------|-----------------|--|--|--|--|---|------------------|--------------------------------|--|--------------------------|--|---|--|---------|------------|--|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2023 | | | | | | | | Office below | er (give title v) | | Other (s below) | specify | | |
| P.O. BO | X 877 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | oplicable | | | |
| (Street) DUBUQ | UE IA | . 5 | 2004 | | | | | | | | | | | | | filed by On filed by Mo on | | • | |
| (City) | (St | ate) (2 | Zip) | | Rul | 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. | | | | | | | | nded to | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or | Ben | efici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Disposed O 5) | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | (A) or 3, 4 a | nd Securit Benefic Owned | ties cially Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | Code V Amount | | | | | Amount | (A (D |) or) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Common Stock 12/14 | | 12/14/ | 2023 | | A | | 1,316(1) | 1,316 ⁽¹⁾ A | | \$0 | 26,605 | | | D | | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Security Conversion or Exercise (Month/Day/Year) Execution Date, if any | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | f g | 8. Price of Derivative Security (Instr. 5) | | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| Code V (A) (D) Exercisable Amount or Number of Code V (A) (D) Exercisable Date Title Shares | | | | | | | | | | | | | | | | | | | |

Explanation of Responses:

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

/s/ Jennifer Zeman, attorneyin-fact

12/18/2023

** 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.