Edgar Filing: EDWARDS MICHAEL - Form 4

| EDWARDS | MICHAEL | | | | | | | | | |
|--|---|--|---|--|--|---|---|--|---------------------|--|
| Form 4 | | | | | | | | | | |
| March 06, 20 |)19 | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS | | | | | | OMMISSION | OMB APPROVAL | | | |
| | UNITED | | CURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or | | | SECUR | | | Expires: January 20 Estimated average burden hours per response | | | | |
| Form 5 obligatior may conti <i>See</i> Instru 1(b). | inue. Section 17(a | a) of the Pub | tion 16(a) of the blic Utility Hold the Investment | ing Com | pany | Act of | 1935 or Section | 1 | | |
| (Print or Type R | Responses) | | | | | | | | | |
| EDWARDS MICHAEL Sym FLE | | | 2. Issuer Name and Ticker or Trading Symbol FLEXSTEEL INDUSTRIES INC | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| | | | [FLXS] | | | | (Check all applicable) | | | |
| (Last) | . , | (M | Date of Earliest Tra Ionth/Day/Year) | ansaction | | | X Director Officer (give t below) | | Owner r (specify | |
| | | 3/04/2019 | | | | | | | | |
| | | | If Amendment, Dat led(Month/Day/Year) | nendment, Date Original onth/Day/Year) | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| DUBUQUE | , IA 52004 | | | | | | Form filed by M Person | | | |
| (City) | (State) | (Zip) | Table I - Non-D | erivative S | ecuri | ities Acq | uired, Disposed of | , or Beneficial | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Da any (Month/Day/ | ate, if Transactio Code | 4. Securiti n(A) or Dis (Instr. 3, 4 | posec and and and and and and and and and and | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| Common Stock | 03/04/2019 | | Code V A | Amount 497 (1) | or (D) A | Price \$ 25.15 | (Instr. 3 and 4) 5,450 | D | | |
| | | | | | | | | | | |

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | 7. Titl Amou Under Secur (Instr. | int of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| EDWARDS MICHAEL | | | | | | | |
| P.O. BOX 877 | Х | | | | | | |
| DUBUQUE, IA 52004 | | | | | | | |
| Signatures | | | | | | | |
| /s/ Rebecca J. Kuhle, attorney-in-fact | 03/06/2019 | | | | | | |
| **Signature of Reporting Person | | Date | | | | | |

Explanation of Responses:

* 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).

(1) Restricted stock award granted in the following amount \$12,500 divided by the closing price of \$25.15 on March 5, 2019.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.