### Edgar Filing: KLOSTERMAN RONALD J - Form 4

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Form 4	1 2005											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									OMB APPROVAL			
	UNITE	D STATES				ND EX( D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 o	F CHAN	GES IN SECU	Expires: January 31, 2005 Estimated average burden hours per response 0.5									
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940												
(Print or Type F	Responses)											
1. Name and Address of Reporting Person <u>*</u> KLOSTERMAN RONALD J			2. Issuer Name <b>and</b> Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer			
			FLEXS [FLXS]	TEEL II	NĽ	DUSTRI	ES II	NC	(Check all applicable)			
(Last)       (First)       (Middle)       3. Date of (Month/I)         P.O. BOX 877       12/02/2				-	Tra	insaction			Director 10% Owner Officer (give title Other (specify below) President and COO			
				ndment, I nth/Day/Ye		e Original	l		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
DUBUQUE	, IA 52004								Form filed by M Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non	-De	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Yea	ar) Executio any	ned n Date, if Day/Year)	Code (Instr. 8)	)	4. Securi n(A) or Di (Instr. 3, Amount	4 and (A) or	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock									72,887	D		
Common Stock	12/02/2005			J <u>(1)</u>	V	268	А	\$ 14.35	3,839	I	401K Plan	

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.

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# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transac Code (Instr. 8		onDerivative		Expiration Date (Month/Day/Year)		7. Title and Amount Underlying Securitie (Instr. 3 and 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shar
Option 12/09/1999	\$ 13.25							12/09/1999	12/09/2009	Common Stock	7,50
Option 12/09/2002	\$ 15.925							12/09/2002	12/09/2012	Common Stock	10,75
Option 12/08/2003	\$ 19.21							12/08/2003	11/25/2013	Common Stock	12,00
Option 12/14/2004	\$ 16.49							12/14/2004	12/14/2014	Common Stock	12,00
Option 12/13/2005	\$ 14.4	12/13/2005		J <u>(2)</u>	v	12,000		12/13/2005	12/13/2015	Common Stock	12,00

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
Reporting Owner Plane / Planess	Director	10% Owner	Officer	Other					
KLOSTERMAN RONALD J P.O. BOX 877 DUBUQUE, IA 52004			President and COO						
Signatures									

12/14/2005
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) Shares beneficially owned through participation in the Company's 401k plan.
- (2) Granted pursuant to the Flexsteel Industries, Inc. 2002 Stock Option Plan.

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.