Burrowes Astrid Form 4 June 19, 2012

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB Washington, D.C. 20549 Number:

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 obligations may continue. See Instruction

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 Responses)

1(b).

(Last)

(City)

E140

1. Name and Address of Reporting Person *

Burrowes Astrid

(First) (Middle)

1979 MARCUS AVENUE, SUITE

(Street)

(State)

(Zip)

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer

Symbol

FLUSHING FINANCIAL CORP [FFIC]

3. Date of Earliest Transaction

(Month/Day/Year) 06/17/2012

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

Director

X_ Officer (give title

OMB APPROVAL

Estimated average

burden hours per

Expires:

response...

(Check all applicable)

Senior Vice President

10% Owner Other (specify

3235-0287

January 31,

2005

0.5

Table I. Non Darivative Securities Acquired Disposed of ar Ranaficially Ox

below)

LAKE SUCCESS, NY 11042

• • • • • • • • • • • • • • • • • • • •	` '	17 Table	e I - Non-D	- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of	2. Transaction Date	2A. Deemed	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of			
Security	(Month/Day/Year)	Execution Date, if	Transactio	n(A) or D	ispose	d of (D)	Securities	Form: Direct	Indirect			
(Instr. 3)		any	Code	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial			
		(Month/Day/Year)	(Instr. 8)				Owned	Indirect (I)	Ownership			
							Following	(Instr. 4)	(Instr. 4)			
					()		Reported					
					(A)		Transaction(s)					
			$\alpha + w$		or	ъ.	(Instr. 3 and 4)					
~			Code V	Amount	(D)	Price						
Common	06/17/2012	06/17/2012	F	73 (1)	D	\$	16,997	D				
Stock	00/1//2012	00/1//2012	•	, <u> </u>		12.93	10,777	D				
Common							4,383 (2)	T	401(K)			
Stock							1,505		101(11)			

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

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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	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. orNumber	6. Date Exercisable and Expiration Date		7. Title and Amount of Underlying Securities		8. Price of Derivative
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	(Month/Day/Year)		(Instr. 3 and 4)		Security (Instr. 5)
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Phantom Stock Units	<u>(3)</u>					<u>(4)</u>	<u>(4)</u>	Common Stock	200	

Reporting Owners

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director

Burrowes Astrid 1979 MARCUS AVENUE SUITE E140 LAKE SUCCESS, NY 11042

Senior Vice President

Signatures

Signed by Russell A. Fleishman Under Power of Attorney by Astrid **Burrowes**

06/18/2012

**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) Shares withheld to satisfy tax liability upon vesting of restricted stock units.
- (2) Shares held in FSB 401(K) Savings Plan as of 6/18/2012.
- **(3)**
- Includes amounts credited to Ms. Burrowes's account through 6/17/2012. The vested amount will be paid in cash lump sum installments as elected by the reporting officer upon termination of employment (in accordance with IRS 409A).

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.

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