

Beckmann Barbara A  
 Form 3  
 March 07, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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. Name and Address of Reporting Person * Â Beckmann Barbara A (Last) (First) (Middle)  1979 MARCUS AVENUE,Â SUITE E140 (Street)  LAKE SUCCESS,Â NYÂ 11042 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/26/2008	3. Issuer Name <b>and</b> Ticker or Trading Symbol FLUSHING FINANCIAL CORP [FFIC]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Senior Vice President	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**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)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	500	D	Â
Common Stock	100 <sup>(1)</sup>	I	401(K)
Common Stock	135 <sup>(2)</sup>	I	PSP

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

SEC 1473 (7-02)

**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 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)	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	Derivative Security (Instr. 4) Title	Amount or Number of Shares	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Employee Stock Option (Right to Buy)	Â (3)	06/18/2017	Common Stock	1,500	\$ 16.65	D	Â
Phantom Stock Units	Â (5)	Â (5)	Common Stock	18	\$ (4)	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Beckmann Barbara A 1979 MARCUS AVENUE SUITE E140 LAKE SUCCESS, NY 11042	Â	Â	Â Senior Vice President	Â

## Signatures

Signed by Russell A. Fleishman under Power of Attorney by Barbara A. Beckmann 03/07/2008

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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 held in FSB 401(k) Savings Plan a/o 2/26/08.
- (2) Shares held in FFC Stock-Based Profit Sharing Plan a/o 2/26/08.
- (3) Stock option grant June 19, 2007. Options become exercisable in five equal installments beginning on the first anniversary of the date of grant.
- (4) 1:1
- (5) Includes amounts credited to Ms. Beckmann's account through 2/26/08. The vested portion of the account balance is paid in a cash lump sum payment or installments as elected by the reporting officer commencing upon termination (subject to 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.