## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROV	/AL
OMB Number:	3235-0287
Estimated average bure	den
hours per response	0.5

longer subject to Section 16. Form 4 or Form 5

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

obligations may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Typ	e Responses)	)																
1. Name and Address of Reporting Person * Johnson Michael					2. Issuer Name and Ticker or Trading Symbol Flux Power Holdings, Inc. [FLUX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner				
(Last) (First) (Middle) C/O FLUX POWER HOLDINGS, INC., 985 POINSETTIA AVENUE, SUITE A				3. Date of Earliest Transaction (Month/Day/Year) 03/12/2014									=	Officer (give	title below)		(specify below)	
(Street) VISTA, CA 92081				4. If Amendment, Date Original Filed(Month/Day/Year)										6. Individual or Joint/Group Filing(Check Applicable Line)  X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqui								curitie	s Acquire	ired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye		2A. Deemed Execution Dat any (Month/Day/Y		n Date, if	Date, if Code (Instr. 8				4. Securities Acquir or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		1		7. Nature of Indirect Beneficial Ownership		
			(Wollin/Day		Jay/ I cai )	Code		V	An	nount	(A) or (D)		msu. J and +			or Indirect (I) (Instr. 4)		
Common Stock 03/12/2014				A			2,50	00,000	A	\$ 0.06	32,486,290			Į.	See Footnote			
Reminder: R	Leport on a se	eparate line for each	class of securities ber	neficiall	y ov	vned direct	y or in	dire	Perso	orm	are not	requi		ollection of espond unle umber.			n SEC	1474 (9-02)
			Table 1			ive Securit								ned				
Derivative Conversion		e of (Month/Day/Year)				5. Number of Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported	Ownersl Form of Derivati Security Direct (I or Indire	Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Da Ex	ite ercisab	ole	Expirati Date	on	Title	Amount of Number of Shares		Transaction( (Instr. 4)	(I) (Instr. 4)	1
Common Stock Warrant	\$ 0.2	03/12/2014		A		1,250,00	0	03	3/12/20	014	03/12/2	2019	Commo Stock	-11.250.00	00 (1)	1,250,000	) I	See Footnote

# **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Johnson Michael C/O FLUX POWER HOLDINGS, INC. 985 POINSETTIA AVENUE, SUITE A VISTA, CA 92081	X	X				

## **Signatures**

/s/ Michael Johnson	04/15/2014
**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).
- Represents purchase of 2.5 Units pursuant to a Unit Subscription Agreement dated March 12, 2014 by Esenjay Investments, LLC, a Delaware limited liability company ("Esenjay") for a purchase (1) price of \$150,000 which was paid in the form of cancellation of debt in the amount of \$150,000. Each Unit consists of one million (1,000,000) shares of Common Stock and a five-year Warrant for five hundred thousand (500,000) shares of common stock at an exercise price of \$0.20 per share.
- (2) Shares are held by Esenjay. Mr. Johnson is the sole director and beneficial owner of this entity.

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.