Edgar Filing: BRADY CORP - Form 4

Form 4 August 04, 2015 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION UNITED STATES					
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB					
CORIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB					
Washington, D.C. 20549 Number: 3235-0	287				
Check this box Expires: January					
if no longer subject to subject to statement of CHANGES IN BENEFICIAL OWNERSHIP OF Estimated average	005				
Section 16. SECURITIES burden hours per					
Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1034	0.5				
abligations					
may continue.					
See Instruction 30(n) of the Investment Company Act of 1940 1(b).					
(Print or Type Responses)					
1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to GOODKIND CONRAD G Symbol Issuer					
oymoor .					
BRADY CORP [BRC] (Check all applicable)					
(Last) (First) (Middle) 3. Date of Earliest Transaction					
(Month/Day/Year) _X_Director _10% Owner 741 E. SYLVAN AVENUE 08/03/2015 Officer (give title Other (specify					
below) below)					
(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check	6. Individual or Joint/Group Filing(Check				
Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person					
WHITEFISH BAY, WI 53217 Form filed by More than One Reporting					
Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					
1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Nature of					
Security (Month/Day/Year) Execution Date, if Transaction(A) or Disposed of (D) Securities Ownership Indirect Benefic (Instr. 3) any Code (Instr. 3, 4 and 5) Beneficially Form: Ownership	cial				
(Instr. 3)anyCode(Instr. 3, 4 and 5)BeneficiallyForm:Ownership(Month/Day/Year)(Instr. 8)OwnedDirect (D)(Instr. 4)					
Following or Indirect					
(A) Reported (I) Transaction(s) (Instr. 4)					
or (Instr. 3 and 4)					
Code V Amount (D) Price (Instributed and F)					
Common $08/03/2015$ A $342(1)$ A 40.584 I Deferred					
Stock A 342×1 A 23.05 $40,584$ I Compensati	on				

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. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

er

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Othe			
GOODKIND CONRAD G 741 E. SYLVAN AVENUE WHITEFISH BAY, WI 53217	Х						
Signatures							
Heidi Knueppel, Attorney-In-Fact	08/04/2015						
**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) Includes the shares acquired from a dividend reinvestment into the deferred compensation 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.