## Edgar Filing: BRADY CORP - Form 4

BRADY CO	ORP									
Form 4										
March 26, 2	.015									
FORM	Λ4							OMB AF	PROVAL	
		RITIES AND EXCHANGE COMMISSIC shington, D.C. 20549			OMMISSION	OMB Number:	3235-0287			
Check th	ger							Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWNE				Estimated a	2005 verage	
Section 16.			SECU	SECURITIES				burden hours pe		
Form 4 o Form 5			$a_{1}$		ing D		A at af 1024	response	0.5	
obligatio	-		ction 16(a) of the state of the			-				
may con	lunue.		f the Investmen	•	· ·					
<i>See</i> Instr 1(b).	ruction	50(11) 01		t Compun	<i>y</i> 110	. 01 19 10				
(Print or Type	Responses)									
1 Name and	Address of Reporting	Derson *	0. I	1	<b></b> 1.	4	Delationship of I	Deporting Dere	on(s) to	
Felmer Tho	2. Issuer Name <b>an</b> Symbol				5. Relationship of Reporting Person(s) to Issuer					
			BRADY CORP	[BRC]						
(Leat)	(First) (						(Check	all applicable	)	
(Last)	(11151) (		Month/Day/Year)	of Earliest Transaction			Director	10%	Owner	
			)3/24/2015				X Officer (give title Other (specify			
						t	elow) SRVP & Pre	below) s., Workplace	Safety	
	If Amendment D	-			6. Individual or Joint/Group Filing(Check					
					iled(Month/Day/Yea	Applicable Line)				
							X_Form filed by O			
MILWAU	KEE, WI 53223					Ī	Form filed by Mo Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	ities Acqui	ired, Disposed of,	or Beneficial	y Owned	
1.Title of	2. Transaction Date	2A. Deemed	I 3.	4. Securiti	es Ac	quired (A)	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution D		omr Dispose	ed of (	D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/Day		Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned	Form: Direct (D)	Beneficial Ownership	
		(wonth) Day	(Insu: 0)				Following	or Indirect	(Instr. 4)	
					(A)		Reported	(I)		
					or		Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Class A			Code V	Amount	(D)	Price				
Class A Common	03/24/2015		S	4,708	D	\$	69,036	D		
Stock	0312-12013		5	т,700	D	28.6092	07,050	D		

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)

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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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt 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		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Felmer Thomas J 6555 W. GOOD HOPE RD MILWAUKEE, WI 53223			SRVP & Pres., Workplace Safety				
Signatures							
Heidi Knueppel, Attorney-In-Fact	C	3/26/2015					
<u>**</u> 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).

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. sstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C.

1001 and 15 U.S.C. 78ff(a).(1)Each deferred stock unit is valued based upon the value of one (1) share of Textron Inc. Common Stock.(2)Payable in cash upon the conclusion of Reporting Person's service on the Textron Inc. Board of Directors. 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.