## Edgar Filing: Thornton Ann - Form 4

| Form 4<br>July 18, 2017                                                                                                                                                                                                                                                    |                                                                  |                                            |                                             |                                                            |                |                             |                                                                                                         |                                                                                                                                                |                                                                      |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|------------------------------------------------------------|----------------|-----------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------|--|
| <b>FORM</b>                                                                                                                                                                                                                                                                |                                                                  | STATES                                     | SECUR                                       | RITIES A                                                   | ND EX          | СНА                         | NGE C                                                                                                   | OMMISSION                                                                                                                                      | OMB AF<br>OMB                                                        | PROVAL    |  |
| Check thi                                                                                                                                                                                                                                                                  | s hov                                                            |                                            | Was                                         | hington,                                                   | D.C. 20        | 549                         |                                                                                                         |                                                                                                                                                | Number:                                                              | 3235-0287 |  |
| if no long<br>subject to<br>Section 1<br>Form 4 or                                                                                                                                                                                                                         | 6. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |                                            |                                             |                                                            |                |                             |                                                                                                         |                                                                                                                                                | Expires:<br>Estimated a<br>burden hour<br>response                   | •         |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |                                                                  |                                            |                                             |                                                            |                |                             |                                                                                                         |                                                                                                                                                |                                                                      |           |  |
| (Print or Type F                                                                                                                                                                                                                                                           | Responses)                                                       |                                            |                                             |                                                            |                |                             |                                                                                                         |                                                                                                                                                |                                                                      |           |  |
| Thornton Ann Symb                                                                                                                                                                                                                                                          |                                                                  |                                            | Symbol                                      |                                                            |                |                             |                                                                                                         | 5. Relationship of Reporting Person(s) to Issuer                                                                                               |                                                                      |           |  |
| (I4)                                                                                                                                                                                                                                                                       |                                                                  | BRADY CORP [BRC]                           |                                             |                                                            |                |                             | (Check all applicable)                                                                                  |                                                                                                                                                |                                                                      |           |  |
| (Month/D<br>6555 W. GOOD HOPE RD<br>(Street) 4. If Ame                                                                                                                                                                                                                     |                                                                  |                                            | (Month/D                                    | Date of Earliest Transaction<br>onth/Day/Year)<br>/15/2017 |                |                             |                                                                                                         | Director       10% Owner        X Officer (give title       Other (specify below)         below)       below)         Chief Accounting Officer |                                                                      |           |  |
|                                                                                                                                                                                                                                                                            |                                                                  |                                            | mendment, Date Original<br>/lonth/Day/Year) |                                                            |                |                             | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |                                                                                                                                                |                                                                      |           |  |
| MILWAUK                                                                                                                                                                                                                                                                    | EE, WI 53223                                                     |                                            |                                             |                                                            |                |                             |                                                                                                         | Form filed by M<br>Person                                                                                                                      | lore than One Re                                                     | porting   |  |
| (City)                                                                                                                                                                                                                                                                     | (State)                                                          | (Zip)                                      | Tabl                                        | e I - Non-D                                                | erivative      | Secur                       | ities Acq                                                                                               | uired, Disposed of                                                                                                                             | , or Beneficial                                                      | ly Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)                                                                                                                                                                                                                                       | 2. Transaction Date<br>(Month/Day/Year)                          | e 2A. Deem<br>Execution<br>any<br>(Month/D | n Date, if                                  | 3.<br>Transactio<br>Code<br>(Instr. 8)                     | (Instr. 3,     | spose<br>4 and<br>(A)<br>or | d of (D)<br>5)                                                                                          | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)                             | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |           |  |
| Class A<br>Common<br>Stock                                                                                                                                                                                                                                                 | 07/15/2017                                                       |                                            |                                             | Code V<br>F                                                | Amount 617 (1) |                             | Price<br>\$<br>33.54                                                                                    | 8,862                                                                                                                                          | D                                                                    |           |  |

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>orNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) |                     | ate                | Amou<br>Unde<br>Secur | le and<br>int of<br>rlying<br>ities<br>. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|-----------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|-----------------------|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------|
|                                                     |                                                                       |                                         | Code V                                 | (A) (D)                                                                                                                 | Date<br>Exercisable | Expiration<br>Date | Title                 | Amount<br>or<br>Number<br>of<br>Shares            |                                                     |                                                                            |

## **Reporting Owners**

| Reporting Owner Name / Address                              |                  |           | Relationships            |       |  |  |  |
|-------------------------------------------------------------|------------------|-----------|--------------------------|-------|--|--|--|
|                                                             | Director 10% Owr |           | Officer                  | Other |  |  |  |
| Thornton Ann<br>6555 W. GOOD HOPE RD<br>MILWAUKEE, WI 53223 |                  |           | Chief Accounting Officer |       |  |  |  |
| Signatures                                                  |                  |           |                          |       |  |  |  |
| Heidi Knueppel,<br>Attorney-In-Fact                         | 0                | 7/18/2017 |                          |       |  |  |  |
| **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) Represents shares withheld to cover taxes on 1,217 shares of restricted stock that vested on July 15, 2017.

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.