GOODKIND CONRAD G

Form 4 January 15, 2019

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB 3235-0287

Washington, D.C. 20549

Number: January 31, Expires: 2005

OMB APPROVAL

if no longer subject to Section 16. Form 4 or Form 5

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Estimated average burden hours per response... 0.5

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

| Name and Address of Report GOODKIND CONRAD | _ | 2. Issuer Name and Ticker or Trading Symbol BRADY CORP [BRC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |
|--|----------|---|--|
| (Last) (First) | (Middle) | 3. Date of Earliest Transaction | (Check an applicable) |
| 741 E. SYLVAN AVEN | NUE | (Month/Day/Year) 01/14/2019 | _X_ Director 10% Owner Officer (give title below) Other (specify below) |
| (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check |
| WHITEFISH BAY, WI | 53217 | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |

| (City) | (State) | (Zip) Tak | ole I - Non- | Derivative Securities A | cquired, Dispos | ed of, or Bene | ficially Owned |
|--------------------------------------|--------------------------------------|---|--|--|--|--|--|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transactic Code (Instr. 8) | 4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |

| Class A Common 01/14/2019 | A | 760 (1) A \$ 72,518 | I | Deferred Compensation |
|------------------------------|---|---------------------|---|--------------------------|
| Stock | | 45.6 | | Compensation |

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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) | | ate | 7. Title a Amount of Underlying Securities (Instr. 3 a | of ng s | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr |
|---|---|--------------------------------------|---|--|---|---------------------|--------------------|--|---------------|---|--|
| | | | | Code V | (Instr. 3, 4, and 5) (A) (D) | Date Exercisable | Expiration Date | or Title Nu of | umber | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Topozonia o minoz z mino / z mino o o | Director | 10% Owner | Officer | Other | | | |
| GOODKIND CONRAD G 741 E. SYLVAN AVENUE WHITEFISH BAY, WI 53217 | X | | | | | | |

Signatures

Heidi Knueppel, Attorney-In-Fact

**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 the reporting owner's contributions into the deferred compensation plan. The reporting owner is paid quarterly for his services as a Director and has elected to defer these earnings.

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.

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