## Edgar Filing: BRADY CORP - Form 4

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Form 4										
July 02, 2009	1								PPROVAL	
	UNITE	D STATES		ITIES Al hington,			COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10	s box s box s box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires: January 31 2005 Estimated average burden hours per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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								•		
(Print or Type R	esponses)									
1. Name and Address of Reporting Person <u>*</u> Bolens Barbara			2. Issuer Name <b>and</b> Ticker or Trading Symbol BRADY CORP [BRC]			5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Che			eck all applicable)				
6555 WEST GOOD HOPE RD			(Month/Day/Year) 06/30/2009				Director       10% Owner         X Officer (give title       Other (specify below)         below)       below)         V.P. Treas, Dir. Investor Rel.			
				Amendment, Date Original Month/Day/Year)			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>			
MILWAUK	EE, WI 53223							More than One Ro		
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurities A	cquired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if /Day/Year)	3. Transactic Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Transaction(s) (Instr. 3 and 4)			
Class A Common Stock (1)							553.5815	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 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. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 D S (I
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Deferred Comp Units	<u>(2)</u>	06/30/2009		А	11.8602	(2)	(2)	Class A Common Stock	11.8602	3

## **Reporting Owners**

\*\*Signature of Reporting Person

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Bolens Barbara 6555 WEST GOOD HOPE RD MILWAUKEE, WI 53223			V.P. Treas, Dir. Investor Rel.			
Signatures						
Barbara Bolens, as Attorney-In-Fact	(	07/02/2009				

**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 of Class A Common Stock purchased under the issuer's 401(K) payroll deduction plan.

Date

The deferred compensation stock units were acquired under the Brady Corporation employee deferred compensation plan. Each deferred
 (2) compensation unit is the economic equivalent of one share of Class A Common Stock. The deferred compensation units become payable in shares of Brady's Class A Common Stock upon the reporting persons cessation of service as an employee of Brady Corporation.

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.