FORM 4

obligations may continue. See Instruction 1(b).

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| | OMB APPRO | OVAL |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person GOODKIND CONRAD G | | | | | | BRADY CORP [BRC] S. Relationship of Reporting Person(s) to issuer (Check all applicable) X. Director 10% Owner | | | | | | | | | | | | | |
|---|---|--|---|---|------------------------------|--|--------|---------------------------------------|------------------------------------|---|---|----------------------------|---|--|---|--|--------------------------------------|--|--|
| (Last) 741 E. S | (F YLVAN AV | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/04/2017 | | | | | | | | | Office below | (give title | | Other (s | specify |
| (Street) WHITE | FISH W | n : | 53217 | | 4. If Amendment, Date of | | | | of Original Filed (Month/Day/Year) | | | | | | e) X Form | or Joint/Group Filing (Check Appli in filed by One Reporting Person in filed by More than One Reporting son | | | on |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | e Se | curiti | ies Ac | quired | l, Dis | posed | of, o | r Ben | eficial | ly Owne | t | | | |
| | | | Date | 2. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dispos Code (Instr. 5) | | Dispose | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | Benefic | es ially Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | | Transac (Instr. 3 | tion(s) | | | (1150.4) |
| Class A Common Stock 12/04/2 | | | | /2017 | 2017 | | М | | 6,000 ⁽¹⁾ A : | | \$38.3 | 62 | 62,593 | | D | | | | |
| Class A Common Stock 12 | | | 12/04 | /2017 | /2017 | | F | | 5,897 | 5,897 ⁽¹⁾ D \$ | | \$38.9 | 56,696 | | | D | | | |
| | | Т | able II - | | | | | | | | osed of convert | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | n of | | Expirati | 6. Date Exercisa Expiration Date (Month/Day/Yea | | Amo Secu Und Deri | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | expiration Date | Title | | Amount or Number of Shares | | | | | |
| Stock Option Net | \$38.31 | 12/04/2017 | | | M | | | 6,000 | (2) | | 12/04/2017 | Con | ss A nmon ock | 6,000 | \$0 | 0 | | D | |

Explanation of Responses:

- 1. Represents net exercise of stock option. 6,000 options were exercised, resulting in a net gain of 103 shares.
- 2. Represents options exercisable one third each year for the three years subsequent to the grant date.

Remarks:

Heidi Knueppel, Attorney-In-

12/05/2017

** Signature of Reporting Person

Date

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

- * 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.

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 Number.