FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. 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 or Section 30(h) of the Investment Company Act of 1940

| | | | | | 01 (| Ocour |) (II) | OI LIIC | iiivesiiiiei | 001 | ilpully Act | 01 13- | | | | | | | | | |
|---|---|--|--|---|-------------------|---|----------------|---|--|--------------------------------------|---------------------|---|-----------------------------------|-------|---|--------------------------|---|---|--------------------------------------|--|--|
| Name and Address of Reporting Person* Thornton Ann | | | | | | 2. Issuer Name and Ticker or Trading Symbol BRADY CORP [BRC] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | =- | | | | | | | | | | | Direc | ctor | | 10% C | wner | |
| (Last) | (Fi | rst) (| | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2017 | | | | | | | | | X | belov | Officer (give title below) Chief Account | | Other (specify below) | | | | |
| 6555 W. GOOD HOPE RD | | | | | | | | | | | | | | | | | | | | | |
| Street) | | | | | - 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| MILWAUKEE | | WI 53223 | | | | | | | | | | | X Form filed by One Reporting Per | | | | | | | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | Pers | n filed by Mor son | e tnan C | ле кер | orting | |
| | | Tabl | e I - Noi | n-Deriv | /ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | | |
| L. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | xecutio any | Deemed ecution Date, ny onth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | | 4 and Se Be Ov | | ecurities F eneficially (I | | ership Direct ndirect r. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | () (I | A) or O) | Price | | Trans | Transaction(s) (Instr. 3 and 4) | | | (111301. 4) | |
| Class A Common Stock 07/1 | | | | 07/15 | 5/2017 | /2017 | | | F | | 617(1) | | D \$3 | | .54 | 8,862 | | Γ |) | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| Title of Derivative Security Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Date, Transaction | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | m: ect (D) ndirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Co | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of Sha | nber | | | | | | | |

Explanation of Responses:

1. Represents shares withheld to cover taxes on 1,217 shares of restricted stock that vested on July 15, 2017.

Remarks:

Heidi Knueppel, Attorney-In-

Fact

** Signature of Reporting Person Date

07/18/2017

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.