| SEC Form 4 | |
|------------|--|
|------------|--|

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|--------------------|-----------|
| Estimated average | burden |
| hours per response | : 0.5 |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 Addres <u>ALLENDER</u> | ss of Reporting Person [*] PATRICK W | | 2. Issuer Name and BRADY COF | | | | tionship of R all applicabl Director | eporting Persor le) | n(s) to Issuer 10% Owner |
|------------------------------------|--|--|---|---|---|------------------------|--|--|---|
| (Last) 9867 EAST STE | (First) (Mi ERLING RIDGE ROA | ddle) | 3. Date of Earliest T 04/11/2022 | ransaction (M | onth/Day/Year) | | Officer (giv below) | ve title | Other (specify below) |
| (Street) SCOTTSDALE (City) | AZ 85. (State) (Zip | 262 | 4. If Amendment, Da | ate of Original | Filed (Month/Day/Year) | 6. Indiv Line) X | Form filed | t/Group Filing (by One Reporti by More than C | 0 |
| | Table I | - Non-Derivati | ve Securities | Acquired, | Disposed of, or Benef | icially | Owned | | |
| 1. Title of Security | (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | I Secu | ficially ed | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |

| | | (Wonth/Day/rear) | li/Day/real) () | | | | | Following | (Instr. 4) | 4) | |
|----------------------|------------|------------------|-----------------|---|---------------------------|---------------|---------|--|------------|--------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | |
| Class A Common Stock | 04/11/2022 | | Α | | 569 ⁽¹⁾ | A | \$45.15 | 79,596 | Ι | Deferred Compensation | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | | | | | | • | | | | | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|----------------------------------|--|--|
| 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. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

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.

Remarks:

Heidi Knueppel, Attorney-In-Fact

04/13/2022

** 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.