Edgar Filing: BRADY CORP - Form 4

| BRADY CO | ORP | | | | | | | | | | | |
|--------------------------------------|---|---|-----------|---|--------------|--------|-------------|---|---------------------------|--|--|--|
| Form 4 | | | | | | | | | | | | |
| January 24, | 2008 | | | | | | | | | | | |
| FORM | ЛД | | | | | | | | OMB A | PROVAL | | |
| UNITED STATES SECU | | | | URITIES AND EXCHANGE COMMISSION Vashington, D.C. 20549 | | | | | OMB Number: | 3235-0287 | | |
| check this box if no longer | | | | | | | | | Expires: | January 31, | | |
| subject t | | MENT O | F CHAN | | | CIAI | L OWN | ERSHIP OF | Estimated a | 2005 average | | |
| Section | | | | SECURITIES | | | | | burden hours per | | | |
| Form 4 o Form 5 | | manant to (| Section 1 | f(a) of the | a Canuiti | ac Er | ahanaa | A at of 1024 | response | 0.5 | | |
| obligatio | - | | | | | | - | Act of 1934, 1935 or Section | | | | |
| may con | lunue. | | | | t Company | | | | I | | | |
| <i>See</i> Instr 1(b). | ruction | 50(II) | or the h | i vestineni | t company | 1100 | 01 17 10 | | | | | |
| | | | | | | | | | | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| | | | | issuer realize and riener or ridding | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| Sym | | | | ymbol BRADY CORP [BRC] | | | | | | | | |
| | | | | | | | | (Check | c all applicable | ;) | | |
| (Last) | (First) (| Middle) | | | ransaction | | | _X_ Director | 100 | 0 | | |
| | | | | onth/Day/Year) /23/2008 | | | | XOfficer (give titleOther (specify | | | | |
| | | | 01/23/2 | .000 | | | t | pelow) Pres | below) ident & CEO | | | |
| | (Streat) | | 4 TE A | | | | | | | - (01 1 | | |
| | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | | |
| | | | 1 neu(wio | ntil/Day/10a | u) | | | _X_ Form filed by O | ne Reporting Pe | rson | | |
| MILWAU | KEE, WI 53223 | | | | | | Ī | Form filed by M Person | ore than One Re | porting | | |
| (City) | (State) | (Zip) | Tab | le I - Non-l | Derivative S | ecurit | ies Acqui | ired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3.4. Securities Acquired (ATransactionor Disposed of (D)Code(Instr. 3, 4 and 5) | | | | 5. Amount of Securities Beneficially | 6. Ownership Form: | 7. Nature of Indirect Beneficial | | |
| | | | | (Instr. 8) | | | | Owned Following | Direct (D) or Indirect | Ownership (Instr. 4) | | |
| | | | | | | (A) | | Reported Transaction(s) | (I) (Instr. 4) | | | |
| | | | | | | or | D. | (Instr. 3 and 4) | (111501. 4) | | | |
| Class A. | | | | Code V | Amount | (D) | Price | | | | | |
| Common | 01/23/2008 | | | J <u>(1)</u> | 46.3194 | А | \$ 30.35 | 1,414.295 | D | | | |
| Stock | | | | | | | | | | | | |

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. Transacti Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|---|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|-----------|-----------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| JAEHNERT FRANK M 6555 WEST GOOD HOPE RD MILWAUKEE, WI 53223 | Х | | President & CEO | | | | | |
| Signatures | | | | | | | | |
| /s/ Barbara Bolens, as Attorney-In-Fact | | 01/24/200 |)8 | | | | | |
| <u>**</u> 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) This transaction was a result of the employer's 401K payroll deduction.

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.