BRADY CORP Form 4 October 02, 2009

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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

obligations

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 may continue. 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

Stock

(Print or Type Responses)

| 1. Name and Address of Reporting Person ** Bolens Barbara | | | 2. Issuer Name and Ticker or Trading Symbol BRADY CORP [BRC] | 5. Relationship of Reporting Person(s) to Issuer | | | |
|---|-------------|----------|--|---|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | | |
| 6555 WEST GOOD HOPE RD | | E RD | (Month/Day/Year) 09/30/2009 | Director 10% Owner Selection Other (specify below) V.P. Treas, Dir. Investor Rel. | | | |
| | (Street) | | 4. If Amendment, Date Original Filed(Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| MILWAUKEE | E, WI 53223 | | | Form filed by More than One Reporting Person | | | |
| (0'.) | (0, ,) | (17.) | | | | | |

| (City) | (State) (Z | Zip) Table | I - Non-De | erivative Securities Acq | quired, Disposed o | f, 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. Transactio Code (Instr. 8) | 4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Class A Common Stock | | | | (2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | 351 | D | |
| Class A Common Stock | | | | | 556.7795 | D | |
| Class A Common | | | | | 0.7031 | D | |

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

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SEC 1474 (9-02)

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) | 4. Transactic Code (Instr. 8) | 5. Number of onDerivative 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. P Der Sec (Ins |
|---|---|--------------------------------------|--|---|--|--------------------|---|-------------------------------------|----------------------------|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Deferred Comp Units | <u>(1)</u> | 09/30/2009 | A | 10.394 | <u>(1)</u> | <u>(1)</u> | Class A Common Stock | 10.394 | \$: |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Bolens Barbara

6555 WEST GOOD HOPE RD V.P. Treas, Dir. Investor Rel.

MILWAUKEE, WI 53223

Signatures

Barbara Bolens, as Attorney-In-Fact

**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).

The deferred compensation stock units were acquired under the Brady Corporation employee deferred compensation plan. Each deferred (1) 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.

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