Edgar Filing: KLOTSCHE ALLAN J - Form 4

KLOTSCHE	E ALLAN J											
Form 4												
August 24, 2	.007											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMMISSION		OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287			
Check th	is box		vva	sinngton,	D.C. 20	347				January 31,		
if no long		EMENT O	F CHAN	GES IN	BENEF		LOW	NERSHIP OF	Expires:	2005		
subject to Section 1)			GES IN BENEFICIAL OWNERSHIP SECURITIES					Estimated average burden hours per			
Form 4 o									response 0.5			
Form 5	Filed	pursuant to	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,	·			
obligation may cont				•	•	· ·		1935 or Section	n			
See Instru		30(h)) of the In	vestment	Compan	y Ac	t of 194	0				
1(b).												
(Print or Type I	Responses)											
(I fint of Type I	(coponses)											
1. Name and Address of Reporting Person [*] _ 2. Issuer Name and Ticker or Trading 5. Relationship of						Reporting Person(s) to						
KLOTSCHE ALLAN J Symbol				0				Issuer				
			BRADY	CORP [BRC]			(Chec	k all applicable)		
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Chee	k an applicable)		
			(Month/D	-				Director		Owner		
6555 WEST	GOOD HOP	E ROAD	08/22/2	007				X Officer (give below)	below)	er (specify		
								V.I	P. Brady Asia			
(Street) 4. If Ame			endment, Date Original			6. Individual or Joint/Group Filing(Check						
Filed(Mor				onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person				
		,						_X_ Form filed by C Form filed by M				
MILWAUK	EE, WI 5322.	5						Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of	2. Transaction	Date 2A. Dee	med	3.	4. Securi	ties A	cquired	5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Ye	ear) Execution	on Date, if	Transactio				Securities	Form: Direct			
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3,	4 and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
		(INIOIILII)	Day/ I cal)	(Instr. 6)				Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported				
						or		Transaction(s) (Instr. 3 and 4)				
C1 4				Code V	Amount	(D)	Price	(instr. 5 and 4)				
Class A	00/22/2007			I (1)	4.198	٨	\$	2,027.4485	D			
Common Stock	08/22/2007			J <u>(1)</u>	4.198	А	39.19	2,027.4483	D			

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)

1. Title of Derivativ Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
KLOTSCHE ALLAN J 6555 WEST GOOD HOPE MILWAUKEE, WI 53223	EROAD			V.P. Brady Asia					
Signatures									
/s/ Barbara Bolens	08/24/200)7							

<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.