Edgar Filing: KLOTSCHE ALLAN J - Form 4

KLOTSCH	E ALLAN J										
Form 4											
March 23, 2	006										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
CURIVI 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check th	nis box		vv as	sington	, D.C. 20	549				January 31,	
if no lon	STATEA	IENT O	F CHAN	IGES IN	BENEFI	CIA	LOWN	VERSHIP OF	Expires:	2005	
	subject to Section 16. Section							Estimated average burden hours per response 0.			
	Section 16. SECURITIES Form 4 or										
Form 5	Filed pur	suant to S	Section 1	6(a) of th	e Securit	ies E	xchange	e Act of 1934,	reeponeon	0.0	
obligatic may con	ons Section 17(•	1935 or Section	ı		
See Instr		30(h)	of the In	vestment	Compan	y Act	t of 194	0			
1(b).											
	D \										
(Print or Type	Responses)										
1 Name and A	Address of Reporting	Person *	2 Iagua	. Nomo ond	Tielsen on	Tradin	~	5. Relationship of	Reporting Pers	on(s) to	
1. Name and Address of Reporting Person * KLOTSCHE ALLAN J2. Issuer Name and Ticker or Trading Symbol5. Relationship of Issuer						-	inepoining i eno	011(5) 10			
			-	Y CORP	[BRC]						
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction (Check					k all applicable)			
			Day/Year)				_X_ Director 10% Owner				
BRADY CORPORATION, 6555 W. 03/22/2				•				Officer (give title Other (specify			
GOOD HO			0072272	000				below)	below)		
(Street) 4. If			4. If Ame	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				Month/Day/Year)				Applicable Line)			
							_X_Form filed by One Reporting Person Form filed by More than One Reporting				
MILWAUK	KEE, WI 53223							Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Securi	ties Acqu	uired, Disposed of	, or Beneficial	y Owned	
1.Title of	2. Transaction Date	e 2A. Deer	ned	3.	4. Securit	ies Ac	quired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)		n Date, if		on(A) or Dis			Securities	Ownership	Indirect	
(Instr. 3)		any (Month/I	Day/Year)	Code (Instr. 3, 4 and 5) (Instr. 8)))	Beneficially Owned	Form: Direct (D) or	Beneficial Ownership	
		(infoliain) I	<i>yuy</i> , 10 <i>u</i>)	(111541:0)				Following	Indirect (I)	(Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
				Code V	Amount	(D)	Price	(msu: 5 and 4)			
Class A					0.02(2		¢				
Common Stock	03/22/2006			J	0.0262 (1)	А	\$ 35.82	1,742.6289	D		
(401K)					<u>(-)</u>		55.62				
(401K)											

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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own 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			
KLOTSCHE ALLAN J BRADY CORPORATIO 6555 W. GOOD HOPE MILWAUKEE, WI 532	ROAD	Х						
Signatures								
/s/ Barbara Bolens	03/23	3/2006						
<u>**Signature of</u> Reporting Person	1	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 transcation was a result of the employee'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.