Edgar Filing: WILLIAMSON MATTHEW O - Form 4

WILLIAM	SON MATTHEW									
Form 4		0								
April 02, 20										
FORM	$\mathbf{\Lambda} 4_{\text{UNITED}}$	STATES	SECU	DITIFS A	ND FY	CHANCE	COMMISSION	- .T	PPROVAL	
	UNITED	STATES		shington,				Nome Number:	3235-0287	
if no lor subject Section Form 4	Check this box if no longer subject to Section 16. Form 4 or						WNERSHIP OF	Expires: Estimated burden hou response	urs per	
obligation may con	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> WILLIAMSON MATTHEW O			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer				
(T)							(Che	eck all applicable)		
(Last) (First) (Middle) 6555 W. GOOD HOPE ROAD			3. Date of Earliest Transaction (Month/Day/Year)03/31/2010				Director 10% Owner X Officer (give title Other (specify below) Pres Americas VP Brady Corp			
			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 Form filed by More than One Reporting			
MILWAU	KEE, WI 53223						Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	ole I - Non-I	Derivative	Securities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	Date, if	3. Transactio Code (Instr. 8) Code V	Disposed (Instr. 3, 4	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
D 1 1 5		C 1 1	C				1 11 A			
Reminder: Re	port on a separate line	e for each cl	ass of sec	urities benef	•	•	or indirectly.	ction of	SEC 1474	

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	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr.	8)	Acquired (or Dispose (D) (Instr. 3, 4, and 5)	d of				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Compensation Units	<u>(1)</u>	03/31/2010		A		0.0728		<u>(1)</u>	(1)	Class A Common Stock	0.0728
Reportin	g Owne	rs									

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
WILLIAMSON MATTHEW O 6555 W. GOOD HOPE ROAD MILWAUKEE, WI 53223			Pres Americas VP Brady Corp					
Signatures								

Krista Ebbens, as	
Attorney-In-Fact	04/02/2010
**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.