FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| gton, D.C. 20549 | OMB APPROVAL |
| | |

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | UI | Secu | JII 30(II) (| Ji tile | investment C | ompa | arry Act | 01 1940 | | | | | | |
|---|--|--|--|--|--|---|--|---------|--|--------------|---------------|--|---|---|---|----------------------|--|---------------------------------------|
| 1. Name and Address of Reporting Person* GILLIGAN J KEVIN | | | | | 2. Issuer Name and Ticker or Trading Symbol GRACO INC [GGG] | | | | | | | | (Che | ck all applic | able) | g Pers | on(s) to Issu | |
| (Last) (First) (Middle) 88 11TH AVENUE NE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2004 | | | | | | | | Officer below) | r (give title | | 10% Ow Other (s below) | |
| (Street) MINNEAPOLIS MN 55413 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (SI | ate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | -Deriva | ative | e Se | curities | s Ac | quired, Di | spo | sed o | f, or Bei | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | ar) E | 2A. Deeme Execution f any Month/Da | Date, | Transaction Disposed Code (Instr. 5) | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code V | А | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | 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) | 3A. Deemed Execution Da if any (Month/Day/Y | ate, Ti | ransad ode (I | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amou of Securities Underlying Derivative Securii (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | С | ode | v | (A) | (D) | Date Exercisable | Expi Date | oiration e | Title | Amount or Number of Shares | | | | | |
| Phantom Stock Units | \$0 ⁽¹⁾ | 08/04/2004 | | | J | | 16.281 | | (1) | | (1) | Common Stock | 16.281 | \$31.3449 | 5,493.9 | 14 | D | |
| Phantom Stock Units | \$0 ⁽²⁾ | 10/01/2004 | | | A | | 289.55 | | (2) | | (2) | Common Stock | 289.55 | \$33.5 | 5,783.4 | 64 | D | |

Explanation of Responses:

- 1. Dividends on the accrued phantom stock units were credited under the Graco Inc. Nonemploye Director Stock Plan and are to be settled 100% in Graco common stock in a lump sum or installments upon reporting person's termination of service on the Board.
- 2. The phantom stock units were accrued under the Graco Inc. Nonemployee Director Stock Plan and are to be settled 100% in Graco common stock in a lump sum or installments upon reporting person's termination of service on the Board.

By: Kristen C. Nelson For: J. Kevin Gilligan

10/04/2004

** Signature of Reporting Person

Date

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

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.