FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | |

87 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* RESCORLA CHARLES L | | | | | | 2. Issuer Name and Ticker or Trading Symbol GRACO INC [GGG] | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | |
|--|--|--|--|-------|-------------------------------|--|---|-------------------------------------|--|-------------|-------------------------------|-----------------|--|--|---|-----------------------------------|--|--|
| (Last) 88 11TH | (Last) (First) (Middle) 88 11TH AVENUE NE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2016 | | | | | | | X Officer (give title Officer (specify below) Vice President | | | | |
| (Street) MINNE | APOLIS M | | 55413 (Zip) | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | Date, | Transaction Disp Code (Instr. 5) | | Disposed | ties Acquire I Of (D) (Ins | | Benefici Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | : Direct Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code V | А | Amount | (A) or (D) | Price | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | 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 D if any (Month/Day/ | Date, | 4. Transa Code (I 8) | | of | | 6. Date Exercisa Expiration Date (Month/Day/Year | | of Securities | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | e (s i lly i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | , | Code | v | (A) | (D) | Date Exercisable | Exp Date | oiration te | Title | Amount or Number of Shares | | | | | |
| Non- qualified Stock Option (Right to | \$71.54 | 02/12/2016 | | | A | | 21,170 | | (1) | 02/1 | 12/2026 | Common Stock | 21,170 | \$0 | 21,17 | 0 | D | |

Explanation of Responses:

1. Employee stock option granted pursuant to the Graco Inc. 2015 Stock Incentive Plan in transaction exempt under Rule 16b-3. The stock option becomes exercisable in four equal annual installments, commencing one year after the date of the grant.

attorney-in-fact for Mr.

/s/ Francis J. Brixius Jr.,

Rescorla

** Signature of Reporting Person Date

02/16/2016

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.