FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| wasinington, | D.C. | 20343 | |
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| | | | |

| 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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* MCHALE PATRICK J | | | | | 2. Issuer Name and Ticker or Trading Symbol GRACO INC [GGG] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|--|--|--|---|--|---|-----------------|-----------|--|---------------------------|---|----------------------|---|---|---|------------|--|--|--|
| (Last) 88 11TH | (F | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2017 | | | | | | | X | Officer (give title Other (enceif | | | | | |
| (Street) MINNE | APOLIS M | | 55413 (Zip) | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | i. Indi ine) X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| | | ıa | DIE I - NON | ı-Deri | vativ | /e Se | curities | SAC | quirea, L | JIS | posea o | or, or Be | netici | ally | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/E | | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 8 | | | | | 5. Amount of Securities Beneficially Owned Followi | | Form: Direct (D) or Indirect | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code V Amount (A) or (D) | | | r Pric | е | Transaction (Instr. 3 and | ion(s) | | | ,iiisti. 4 <i>j</i> | | | | | |
| | 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, T | 4. Transaction Code (Instr. 8) | | tion Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amoun or Numbe of Shai | r | | (Instr. 4) | on(s) | | |
| Non- qualified Stock Option (Right to Buy) | \$91.04 | 02/17/2017 | | | A | | 162,698 | | (1) | 0 | 2/17/2027 | Common Stock | 162,6 | 98 | \$0 | 162,69 | 98 | 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.

> /s/ Francis J. Brixius Jr., attorney-in-fact for Mr. McHale

02/21/2017

** Signature of Reporting Person

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.