FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIP

OMB APP	ROVAL					
Number:	3235-0287					
Estimated average burden						
per response:	0.5					
	Number: ated average b					

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

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

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1. Name and Address of Reporting Person* GILLIGAN J KEVIN					2. Issuer Name and Ticker or Trading Symbol GRACO INC [GGG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CILLI	JAIN J IX	E V II V						_	_					X	Directo	r		10% Ov	vner
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/01/2017								\neg		Officer below)	(give title		Other (s below)	specify		
88 11TH	AVENUE	NE																	
				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														ine)					
MINNE	APOLIS M	N	55413											X		,		orting Person	- 1
												Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of 5	Security (Inst	tr. 3)		2. Transac	ction		2A. Deeme	ed	3.		4. Securi	ties Acquii	ed (A) or	. [5. Amour	nt of	6. Ov	nership	7. Nature
Date							ecution Date,		Transaction Disposed		Of (D) (Instr. 3, 4		nd Securitie		s For		m: Direct	of Indirect Beneficial	
(Month/Da				Day/Year) if any (Month/Day/Year)			Code (Instr. 5) r) 8)						Following (I)		str. 4)	Ownership			
								Code V Ar			mount (A) or		$\overline{}$	Reported				(Instr. 4)	
										V	Amount	ount (D) F		e	(Instr. 3 and 4)				
		-	Гable II - С)erivati	ive s	Seci	urities	Δcai	uired Di	ien	nsed of	or Ben	eficial	ly O	wned	<u>'</u>			
		!							, option						wiicu				
1. Title of	2.		3A. Deemed	4.	Transaction Code (Instr.		on of		6. Date Exercisa		able and	7. Title and Am		nt 8.	3. Price of	9. Number	of	10.	11. Nature
Derivative	Conversion		Execution Da						Expiration Date			of Securities		Derivative Security curity (Instr. 5)		derivative		Ownership	
Security (Instr. 3)	or Exercise Price of		if any (Month/Day/						(Month/Day/Year) Underlying Derivative Secu							Securities Beneficially		Form: Direct (D)	Beneficial Ownership
Derivative \\						Acquired (Instr. 3 and 4)						nd 4)	´ `		Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
Security (A) or Disposed											Reported		(1) (111511. 4)						
						of (D) (Instr. 3, 4 and 5)									Transaction(s) (Instr. 4)				
					Amou														
								H					or						
								H	Date	6	Expiration		Numbe	er					
				Co	ode	٧	(A)	(D)	Exercisabl	le [Date	Title	Shares						
Phantom Stock	(1)	01/01/2017			A		225.66		(1)		(1)	Common Stock	225.6	6	\$83.09	24,440.18	35 ⁽²⁾	D	
Units		ı	1		- 1			ıl		- 1		I Stock	1	- 1					1

Explanation of Responses:

- 1. The Phantom Stock Units were accrued under the Graco Inc. 2015 Stock Incentive 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 number of Phantom Stock Units includes Phantom Stock Units acquired under the Graco Inc. Automatic Dividend Reinvestment Plan (DRIP), exempt under Rule 16a-11.

/s/ Francis J. Brixius Jr.,

01/03/2017 attorney-in-fact for Mr.

<u>Gilligan</u>

** 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.