| SEC For | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|---|--|--|------------|--|--------------------|---|--|---|--|--------------|--|---|--|
| | FORM | 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | ed pur | TOF CHANGES IN BENEFICIAL OWNERS | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person [*] Humke Joseph J | | | | | | | Name ar CO INC | | cker or Tradin GGG] | g Symbol | | Relationship leck all applie Directo | cable) or | ng Pers | 10% Ov | wner | | |
| (Last) (First) 88 11TH AVENUE NE | | | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2024 | | | | | | | X Officer (give title Other (specify below) below) Executive Vice President | | | . , | | |
| (Street) MINNEAPOLIS MN | | | 55413 | | - 4. - | 4. If Amendment, Date of 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 Person | | | | | |
| (City) | (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | saction | n 2 E ear) it | A. Deemo Execution f any Month/Da | ed Date | a, 3. 4. Securi Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | 5. Amou | s Form Illy (D) ollowing (I) (I | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code V | Amount | (A) o (D) | r Price | Transact (Instr. 3 a | ion(s) | | | | |
| | | - | | | | | | | luired, Dis s, options | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration D (Month/Day/ | ate | 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) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Non- qualified Stock Option (Right to Buy) | \$88.64 | 02/16/2024 | | | A | | 17,260 | | (1) | 02/16/2034 | Common Stock | 17,260 | \$0 | 17,26 | 0 | D | | |

Explanation of Responses:

1. Employee stock option granted pursuant to the Graco Inc. 2019 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/ David M. Lowe, attorney-infact for Mr. Humke 02/20/2024

** 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.