

# BRUSH WELLMAN INC

## FORM SC 13G/A (Amended Statement of Ownership)

Filed 1/22/1997

Address	17876 ST CLAIR AVE CLEVELAND, Ohio 44110
Telephone	216-486-4200
CIK	0000014957
Fiscal Year	12/31

**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
WASHINGTON, D.C. 20549**

**SCHEDULE 13G**

**UNDER THE SECURITIES EXCHANGE ACT OF 1934**

(AMENDMENT NO. 7 )\*

**Brush Wellman Inc.**

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(Name of Issuer)

**Common Stock**

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(Title of Class of Securities)

117421107  
(CUSIP Number)

\*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

CUSIP NO. 117421107

13G

1	NAME OF REPORTING PERSON S.S. OR I.R.S. IDENTIFICATION NO. OF ABOVE PERSON  State of Wisconsin Investment Board 39-6006423	
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP *	(a) _____ (b) _____
Not Applicable		
3	SEC USE ONLY	
4	CITIZENSHIP OR PLACE OF ORGANIZATION  Madison, Wisconsin	
BENEFICIALLY OWNED BY EACH REPORTING PERSON WITH	5	SOLE VOTING POWER 890,000
	6	SHARED VOTING POWER Not Applicable
	7	SOLE DISPOSITIVE POWER 890,000
	8	SHARED DISPOSITIVE POWER Not Applicable
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 890,000	
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES * Not Applicable	
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9 5.47	
12	TYPE OF REPORTING PERSON *  EP (Public Pension Fund)	

\* SEE INSTRUCTION BEFORE FILLING OUT!

**ITEM 1. ISSUER**

(a) Brush Wellman Inc.  
(b) 17876 St. Clair Ave  
Cleveland, OH 44110

**ITEM 2. PERSON FILING**

(a) State of Wisconsin Investment Board (b) P.O. Box 7842 Madison, WI 53707  
(c) Wisconsin State Agency  
(d) See cover page  
(e) See cover page

**ITEM 3. THIS STATEMENT IS FILED PURSUANT TO 13d-1(b) OR 13d-2(b) AND THE STATE OF WISCONSIN INVESTMENT BOARD IS A GOVERNMENT AGENCY WHICH MANAGES PUBLIC PENSION FUNDS SUBJECT TO PROVISIONS COMPARABLE TO ERISA.**

**ITEM 4. OWNERSHIP**

(a) See Row 9 on Page 2  
(b) See Row 11 on Page 2  
(c) The State of Wisconsin Investment Board retains sole voting and dispositive power for all shares.

**ITEM 5. IF THIS STATEMENT IS BEING FILED TO REPORT THE FACT THAT AS OF THE DATE HEREOF THE REPORTING PERSON HAS CEASED TO BE THE BENEFICIAL OWNER OF MORE THAN FIVE PERCENT OF THE CLASS OF SECURITIES, CHECK THE FOLLOWING \_\_\_\_.**

**ITEM 6. NOT APPLICABLE**

**ITEM 7. NOT APPLICABLE**

**ITEM 8. NOT APPLICABLE**

**ITEM 9. NOT APPLICABLE**

**ITEM 10. CERTIFICATION**

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such purposes or effect.

**SIGNATURE**

After reasonable inquiry to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

January 16, 1997

**Date**

/S/ George Natzke

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*Signature*

**George Natzke, Chief Financial Officer**

Name/Title

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**End of Filing**

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