| KAMAN Co Form 5 | | | | | | | | | | | |
|---|---|---|--|--|------------------------------|---|--|--|---|--|--|
| January 21, | | | | | | | | | PPROVAL | | |
| FORM | | | | | | | | OMB | - | | |
| Check thi | RITIES AND EXCHANGE COMMISSIO shington, D.C. 20549 | | | OMMISSION | Number: | 3235-0362 | | | | | |
| no longer | ishington, D | mington, D.C. 20349 | | | | Expires: | January 31, 2005 | | | | |
| to Section Form 4 or 5 obligati may cont See Instru | ENT OF CHANGES IN BENEFICIAL RSHIP OF SECURITIES | | | | FICIAL | Estimated average burden hours per response 1 | | | | | |
| 1(b). | Filed purs foldings Section 17(a | suant to Section a) of the Public U 30(h) of the I | Jtility Holdin | g Compa | any Ac | t of | 1935 or Section | 1 | | | |
| KRAUS EILEEN S Symbo | | | Issuer Name and Ticker or Trading mbol AMAN CORP [KAMN] | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
| (Last) | (First) (N | | 3. Statement for Issuer's Fiscal Year Ended | | | | (Check all applicable) | | | | |
| (Mc | | | (Month/Day/Year) 12/31/2009 | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | |
| C/O KAMA CORPORA HILLS AV | TION, 1332 BL | UE | | | | | UCIOW) | below) | | | |
| | | | endment, Date Original onth/Day/Year) | | | (| 6. Individual or Joint/Group Reporting (check applicable line) | | | | |
| BLOOMFI | ELD, CT 0600 | 02 | | | | | V. E. m. Elledhar | Due Deventione D | | | |
| | | | | | | | _X_ Form Filed by (Form Filed by N Person | | | | |
| (City) | (State) | (Zip) Tab | ole I - Non-Der | ivative Sec | curities A | Acqu | ired, Disposed of | , or Beneficia | lly Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | |) | Securities Beneficially Owned at end | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Amount | (A) or amount (D) Pric | | Fiscal Year (Instr. 3 and 4) | (insu: i) | (mon t) | | |
| Kaman Common Stock | Â | Â | Â | Â | Â | Â | 16,010.76 (1) | D | Â | | |
| | port on a separate line ficially owned directly | | contained i | n this for | m are n | not re | llection of infor equired to respo | ond unless | SEC 2270 (9-02) | | |

contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | |
|---|---|---|---|---|---------------------|--------------------|-------|--|---|--|
| | | | | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| | Relationships | | | | | | | |
|--|---------------|--------------|---------|-------|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | |
| KRAUS EILEEN S C/O KAMAN CORPORATION 1332 BLUE HILLS AVE BLOOMFIELD, CT 06002 | ÂX | Â | Â | Â | | | | |
| Signatures | | | | | | | | |
| /s/ Candace A. Clark, Power of At Kraus | | 01/21/2010 | | | | | | |
| ** Signature of Reporting Per | | Date | | | | | | |

Explanation of Responses:

* 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).

(1) Includes acquisition of 229.51 shares under the Dividend Reinvestment Program, through 12/31/2009.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.