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KAMAN C Form 4 August 03,	-											
FOR	ЛД									APPROVAL		
				URITIES AND EXCHANGE COMMIS Vashington, D.C. 20549					OMB Number:	3235-0287		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Settion 16. Filed pursuant to S Section 17(a) of the 30(h)			F CHA Section Public I	NGES II SECU 16(a) of	Expires:January 3Expires:200Estimated averageburden hours perresponse0							
(Print or Type	e Responses)											
			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
(Last) (First) (Middle)			KAMAN Corp [KAMN]					(Check all applicable)				
(Last) (First) (Middle) ONE CORPORATE CENTER,			3. Date of Earliest Transaction (Month/Day/Year) 07/30/2015					Director 10% Owner Officer (give title Other (specify below) below)				
DVC NV	(Street)			nendment, onth/Day/Ye	-	nal		6. Individual or Jo Applicable Line) Form filed by C _X Form filed by N	one Reporting I	Person		
(City)	(State)	(Zip)				_		Person				
	`						_	uired, Disposed of		-		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date,		Date, if	Code (Instr. 8)	4. Securi oror Dispo (Instr. 3, Amount	sed of 4 and (A) or		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/30/2015			S	2,000	D	\$ 39.8105	8,000	I	By: Investment Partnership I (1)		
Common Stock								1,000	Ι	By: Investment Partnership II (1)		
Common Stock								6,000	I	By: Investment Partnership III ⁽¹⁾		

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Common Stock

1,200 D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Derivative	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transactic Code	5. onNumber of	6. Date Exerce Expiration Da (Month/Day/	ate	7. Title Amour Underl	nt of	8. Price of Derivative Security	9. Nu Deriv
Security (Instr. 3)	Price of Derivative Security		any (Month/Day/Year)	(Instr. 8)	Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,	e	1 cai)	Securit		(Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Funte, Frances	Director	10% Owner	Officer	Other			
GAMCO INVESTORS, INC. ET AL ONE CORPORATE CENTER RYE, NY 10580		Х					
GABELLI MARIO J C/O GAMCO INVESTORS, INC ONE CORPORATE CENTER RYE, NY 10580		Х					
GGCP, INC. 140 GREENWICH AVENUE GREENWICH, CT 06830		Х					

Signatures

/s/ Douglas R. Jamieson, Attorney-In-Fact for MARIO J. GABELLI, GGCP, INC., and GAMCO INVESTORS, INC.

**Signature of Reporting Person

08/03/2015

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).

GAMCO Investors, Inc. has less that a 100% interest in this entity; GGCP, Inc. has less than a 100% interest in GAMCO Investors, Inc.; and Mario J. Gabelli has less than a 100% interest in GGCP, Inc. The amount of securities reported as beneficially owned reflects the

and Mario J. Gabern has less than a 100% interest in GGCF, inc. The amount of securities reported as beneficiary owned reflects the total amount of securities held by this entity which is greater that the Reporting Persons' indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

Note: File three copies of this Form, one of which must be manually signed. If space 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.