FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

 	 _			_	-			
		Wa	shir	igto	n,	D	C.	2054

Vashington,	D.C.	20549

OMB AP	PROVAL							
OMB Number:	3235-0362							
Estimated average burden								
hours per respon								

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
\Box	Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

U Form 4	Iransactions	керопеа.		or Section 3	30(h)	of the I	nvestr	ment Co	mpany Ad	ct of 19	940						
1 1. Name and Address of Reporting Ferson			2. Issuer Name and Ticker or Trading Symbol KAMAN Corp [KAMN]							5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne							
C/O KAMAN CORPORATION				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022)	1				er (specify w)	
1332 BLUE HILLS AVE (Street) BLOOMFIELD CT 06002			4. If Amend	4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(St	ate) (Z	Zip)										Perso	on			
		Table	I - Non-Deriva	tive Secui	ritie	s Acc	quire	d, Dis	posed	of, c	r Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3)		3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)			sposed	5. Amou Securitie Benefici Owned a	ies Own		ership : Direct	7. Nature of Indirect Beneficial Ownership	
					,,,,,,,,,,,			Amount		(A) or (D)	Price		Issuer's			ct (I)	(Instr. 4)
Kaman C	ommon Sto	ock							19,502		D						
		Tal	ble II - Derivat (e.g., pu	ive Securit ıts, calls, v										d			
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Price of Price of Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Security Security			of Deri Secu Acq (A) o Disp of (E	lerivative ecurities (Month/Day/Year) Securities (Underlying Derivative A) or olisiposed f (D) (nstr. 3, 4) (nd 5)			g nstr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	Beneficia Ownersh ct (Instr. 4)				
					(A)	(D)	Date Exer	cisable	Expiration Date		or	ount mber ares					

Explanation of Responses:

Remarks:

/s/ Chantal M. Figueiredo, Power of Attorney for Ms.

02/10/2023

Pollino

** 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.