SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1	Address of Report	2. Date of Event Requiring Staten (Month/Day/Year 03/01/2008	tement (ear) KAMAN CORP [ KAMN ]							
(Last) (First) (Middle) 10604 DOGWOOD FARM LANE						tionship of Reporting Pers all applicable) Director	rson(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) GREAT FALLS	VA	22006				Officer (give title below)	Other (spe below)		pplicable Line) X Form filed b	t/Group Filing (Check by One Reporting Person by More than One Person
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				. Nature of Indirect Beneficial Ownership Instr. 5)	
Table II - Derivative Securities Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		tle and Amount of Secur erlying Derivative Securi		4. Conversion or Exercis	se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of	(D		Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

No securities are beneficially owned.

ThomasW.Rabaut

02/24/2008

\*\* 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 5 (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.