FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:							
Estimated average burden							
hours per response:	0.5						

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

Name and Address of Reporting Person* Minnich George E		3. Issuer Name and Ticker or Trading Symbol KAMAN CORP [KAMN]								
(Last) (First) (Middle) C/ KAMAN CORPORATION			Relationship of Reporting Perso (Check all applicable) X Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
1332 BLUE HILLS AVE	_		Officer (give title below)	Other (spec below)	App	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) BLOOMFIELD CT 06002	_				2	_	y One Reporting Person y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		Amount of Securities eneficially Owned (Instr. 4)	3. Ownershi Form: Direct or Indirect ((Instr. 5)	t (D) (Inst	4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Kaman Common Stock		0	D							
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Da (Month/Day/	ate	3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Conversion or Exercise Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

/s/ George E. Minnich

06/10/2009

** 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.