FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | )VAL      |  |  |  |  |
|------------------------|-----------|--|--|--|--|
| OMB Number:            | 3235-0287 |  |  |  |  |
| Estimated average burd | en        |  |  |  |  |
| hours per response:    | 0.5       |  |  |  |  |

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

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

|   |  |                    |  |   |           | 01 0   | Jectio  | 11 30(11)                                     | or tire   | IIIVESUIII                              | SIII OC                   | ппрапу Аст                 | 01 10-10   |     |                         |   |  |   |   |  |  |  |
|---|--|--------------------|--|---|-----------|--------|---|---|---|---|---------------------------|----------------------------|--|-----|-------------------------|---|--|---|---|--|--|--|
| 1. Name and Address of Reporting Person*  GOODRICH PHILIP A   |  |                    |  |   |           |        | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  KAMAN Corp [ KAMN ] |   |   |   |                           |                            |  |     |                         | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |   |   |  |  |  |
|   |  |                    |  |   |           |        |   |   |   |   | _                         |                            |  |     |                         |   | Direc  |   |   | % Owner                                  |  |  |
| -   |  |                    |  | -   |           |        |   |   |   |   |                           |                            |  |     | Office<br>belov         | er (give title  |  | ner (specify<br>ow)   |   |  |  |  |
| (Last)  |  | (Firs              | t) (                                       | Middle)                                   |           |        |   |   | t Trans   | saction (                               | Month                     | /Day/Year)                 |  |     |                         |   |  | ,   |   | - /                                      |  |  |
| C/O KAMAN CORPORATION   |  |                    |  |   |           |        |   | 05/30/2018                                    |   |   |                           |                            |  |     |                         |   | Sr VP, Corporate Development                 |   |   |  |  |  |
| 1332 BLUE HILLS AVENUE  |  |                    |  |   |           |        |   |   |   |   |                           |                            |  |     |                         |   |  |   |   |  |  |  |
|   |  |                    |  |   |           | / If   | If Amendment, Date of Original Filed (Month/Day/Year)                   |   |   |   |                           |                            |  |     |                         | 6. Individual or Joint/Group Filing (Check Applicable                   |  |   |   |  |  |  |
|   |  |                    |  |   |           |        | 4. II Americinent, Date of Original Filed (Month/Day/fear)              |   |   |   |                           |                            |  |     |                         |   | Line)  |   |   |  |  |  |
| (Street)  | EIEL D   | O.T.               |  | 0.000                                     |           |        |   |   |   |   |                           |                            |  |     |                         | X Form filed by One Reporting Person                                    |  |   |   |  |  |  |
| BLOOM   | FIELD  | CT                 | (  | 06002                                     |           |        |   |   |   |   |                           |                            |  |     |                         |   | Form   | n filed by Mor  | re than One F   | Reporting                                |  |  |
|   |  |                    |  |   |           | -      |   |   |   |   |                           |                            |  |     |                         |   | Pers   |   |   |  |  |  |
| (City)  |  | (Stat              | te) (                                      | Zip)                                      |           |        |   |   |   |   |                           |                            |  |     |                         |   |  |   |   |  |  |  |
|   |  |                    | Tabl                                       | e I - No                                  | on-Deriv  | /ative | Sec   | uritie  | s Ac  | quired                                  | l, Dis                    | sposed o                   | f, or  | Bei | nefici                  | ally  | Owne   | ed  |   |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day |  |                    |  |   |           |        | Exe<br>if a   | Deemed<br>cution Date,<br>ny<br>nth/Day/Year) |   | 3.<br>Transaction<br>Code (Instr.<br>8) |                           | 4. Securitie<br>Disposed 0 | ties Acquired (A) od Of (D) (Instr. 3, 4   |     |                         | and 5) Sec<br>Ber<br>Ow   |  | ount of<br>ities<br>icially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | of Indirect<br>Beneficial<br>Ownership   |  |  |
|   |  |                    |  |   |           |        |   |   |   | Code                                    | v                         | Amount                     | (A)<br>(D)   | or  | Price                   |   |  | action(s)<br>3 and 4)   |   | (Instr. 4)                               |  |  |
| Kaman Common Stock 05/30/20                                   |  |                    |  |   |           | 2018   | 018   |   |   | S                                       |                           | 5,000                      | I  | )   | \$72.37(1)              |   | (1) 13,259                                   |   | D   |  |  |  |
|   |  |                    | Ta   | ıble II -                                 | · Derivat | tive S | ecur  | ities   | Acau  | ired. [                                 | Disp                      | osed of,                   | or Be  | ene | ficiall                 | v Ov  | vned   |   |   |  |  |  |
|   |  |                    | -  |   |           |        |   |   |   |   |                           | onvertib                   |  |     |                         |   |  |   |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversi<br>or Exerci<br>Price of<br>Derivativ<br>Security | sion<br>cise<br>ve | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Dee<br>Execution<br>if any<br>(Month/ |           |        | Transaction Code (Instr.  |   | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |   | Exerc<br>ion Da<br>/Day/Y |                            | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Insand 4) |     | f<br>g                  | Deriv<br>Secu   | Price of<br>erivative<br>ecurity<br>estr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownershi<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. 4    | Beneficial<br>Ownership<br>ct (Instr. 4) |  |  |
|   |  |                    |  |   |           | Code   | ode V   |   | (D)   | Date<br>Exercis                         | able                      | Expiration<br>Date         |  |     | mount<br>umber<br>nares |   |  |   |   |  |  |  |

## **Explanation of Responses:**

1. This figure represents the weighted average sale price for the shares sold. The range of prices was \$72.20 to \$72.45. The reporting person will provide full information regarding the number of shares sold at each separate price upon request by the SEC staff, the issuer, or any security holder of the issuer.

/s/ Philip A. Goodrich 05/31/2018

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.