

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

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| OMB APPROVAL                                 |           |
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| 1. Name and Address of Reporting Person*<br><u>Smidler Steven J</u><br><br>(Last) (First) (Middle)<br><u>C/O KAMAN CORPORATION</u><br><u>1332 BLUE HILLS AVENUE</u><br><br>(Street)<br><u>BLOOMFIELD CT</u> <u>06002</u><br><br>(City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year)<br><u>09/01/2010</u> | 3. Issuer Name and Ticker or Trading Symbol<br><u>KAMAN CORP</u> [ <u>KAMN</u> ]   |  |
|  |  | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><div>Director 10% Owner</div> <div><input checked="" type="checkbox"/> Officer (give title below) Other (specify below)</div> <div><u>Pres, Kaman Industrial Tech</u></div> |  |
|  |  | 5. If Amendment, Date of Original Filed (Month/Day/Year)   |  |
|  |  | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><div><input checked="" type="checkbox"/> Form filed by One Reporting Person</div> <div>Form filed by More than One Reporting Person</div>   |  |

| Table I - Non-Derivative Securities Beneficially Owned |   |  |   |
|--|---|--|---|
| 1. Title of Security (Instr. 4)                        | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
| <u>Kaman Common Stock</u>                              | <u>2,100</u>  | <u>D</u>   |   |

| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                 |   |                            |   |
|--|--|-----------------|---|----------------------------|---|
| 1. Title of Derivative Security (Instr. 4)   | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) |                            | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|  | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |   |
|  |  |                 |   |                            |   |

Explanation of Responses:

/c/ Candace A. Clark, Power of Attorney for Mr. Smidler 09/02/2010

\*\* 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.