| SEC Form 4 |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| L | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | |

| Instruction 1(b). | continue. See | | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | hours per response: 0.5 | | | |
|--|---------------|--------------|---|-------------------|----------------------------------|------------------------------------|---------------------------------|-------|
| | | | or Section 30(h) of the Investment Company Act of 1940 | | | | | |
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol KAMAN Corp [KAMN] | | ationship of F k all applicab | Reporting Person(s) to Issuer ble) | | |
| Barry Aisha | | | | X | Director | | 10% Owne | r |
| (Last) C/O KAMAN C | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/20/2022 | | Officer (gi below) | ve title | Other (spec below) | cify |
| 1332 BLUE HILLS AVE | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | vidual or Joir | t/Group Filin | g (Check Appli | cable |
| (Street) BLOOMFIELD | СТ | 06002 | | X | | , , | orting Person n One Reportir | ıg |
| (City) | (State) | (Zip) | | | | | | |
| | Tal | ble I - Non- | Derivative Securities Acquired, Disposed of, or Bene | ficially | / Owned | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|---|-------|------------------------------------|---|-------------------|---|---|---|
| | | Code V Amount (A) or Price | | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |
| Kaman Common Stock | 04/20/2022 | | Α | | 2,836 ⁽¹⁾ | Α | \$ <mark>0</mark> | 6,238 | D | |

| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------|---|-----|--|---|--------------------|---|--|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction of Code (Instr. Derivative | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents an unrestricted equity award under the Corporation's 16b-3 qualified Amended and Restated 2013 Management Incentive Plan.

/s/ Aisha Barry

** Signature of Reporting Person Date

04/20/2022

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.