FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235- 0104					
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

1. Name and Address of Reporting Person*  Walsh Ian K.  2. Date of Event Requiring Statement (Month/Day/Year) 09/08/2020		statement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol KAMAN Corp [ KAMN ]						
(Last) (First) (Middle) C/O KAMAN CORPORATION 1332 BLUE HILLS AVE  (Street) BLOOMFIELD CT 06002  (City) (State) (Zip)	,		4. Relationship of Reporting Issuer (Check all applicable)  X Director  X Officer (give title below)  President &	10% C Other below)	Owner (specify	^ Person	/Year)  bint/Group Filing e Line) by One Reporting by More than One		
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		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 Day/\(Month/Day/\)	ate	3. Title and Amount of S Underlying Derivative Se (Instr. 4)	curity Convers		cise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security		5)		

**Explanation of Responses:** 

/s/ Ian K. Walsh

09/08/2020

\*\* 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.