FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person* <u>DILIG WILFREDO ROY</u>	2. Date of E Requiring S (Month/Day 01/27/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol KAMAN Corp [KAMN]						
(Last) (First) (Middle) C/O KAMAN CORPORATION			Relationship of Reporting Issuer (Check all applicable) Director	Person(s		5. If Amendment, Date of Original Filed (Month/Day/Year)			
1332 BLUE HILLS AVENUE			X Officer (give title below) VP INFORMATION T		(specify	(Ch	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting		
(Street) BLOOMFIELD CT 06002				ECHNC	LOGY		Person Form filed by More than One Reporting Person		
(City) (State) (Zip)									
Та	Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)									
1. Title of Security (Instr. 4)		Ē	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: [(D) or li	Direct ndirect		ature of Indire ership (Instr.		
Title of Security (Instr. 4) Kaman Common Stock		Ē	Beneficially Owned (Instr.	Form: [(D) or li	Direct ndirect r. 5)				
Kaman Common Stock		perivative	Beneficially Owned (Instr. 4)	Form: I (D) or II (I) (Inst	Direct ndirect r. 5)	Own			
Kaman Common Stock		erivative s, warrar	Beneficially Owned (Instr. 4) 235.2641 Securities Beneficial	Form: I (D) or li (I) (Insti	Direct ndirect r. 5)) sion			

Explanation of Responses:

Remarks:

/s/ Wilredo Roy Dilig 01/30/2023

** Signature of Reporting

Persor

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.