SEC Form 5

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FORM 5

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

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

OMB APPROVAL										
OMB Number:	3235-0362									
Estimated average burden										
hours per response:	1.0									

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Form 3	•••••									hours per response:					1.0				
Form 4	Transactions	Reported.	Filed	d pursuant to S or Section 3															
1. Name and Address of Reporting Person [*] Lohmeier Michelle				2. Issuer Name and Ticker or Trading Symbol <u>KAMAN Corp</u> [KAMN]							5. Relationship of Re (Check all applicable X Director			eporting Person(s) to I e) 10% O					
(Last) (First) (Middle) C/O KAMAN CORPORATION 1332 BLUE HILLS AVE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022							y/Year)		Office below				ther (specify elow)		
1552 BLUE HILLS AVE				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Appli Line)						olicable	
(Street)												X	-)					ı I	
BLOOMFIELD CT 06002												Form filed by More than One Reportin Person					ting		
(City)	(St	ate) (2	Zip)																
		Table	I - Non-Deriva	ative Secu	rities	s Acq	luired	l, Dis	posed	of, or	Benefic	ially	Own	ed					
Date			2. Transaction Date (Month/Day/Year)	Execution Date, if any		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) or Disp Of (D) (Instr. 3, 4 and 5)			() or Dispose	Securitie Benefici		s ally		Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership	
								Amoun	t	(A) or (D)	Price	ls Y	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Kaman Common Stock													6,238		.38		0		
		Tal	ble II - Derivat (e.g., pเ	ive Securit uts, calls, v)wneo	t					
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)	4. Transaction Code (Instr. 8)	of Deriv Secu Acqu (A) o Disp of (D	or osed)) r. 3, 4	Expira (Month	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiratio Date			itle and ount of surities serlying ivative surity (Instr. nd 4) Amount or Number of Shares	Int Ier		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)	

Explanation of Responses:

Remarks:

/s/ Chantal M. Figueiredo, Power of Attorney for Ms.

02/10/2023

Lohmeier

** 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 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.