KAMAN Corp Form 5 February 06, 2014

FORM	15								OMB AF	PROVAL		
. •		RITIES AN	D EXCH	OMB Number:	3235-0362							
Check this no longer to Section	subject	Washington, D.C. 20549										
Form 4 or 5 obligation may continue.	Form ANN ons nue.	ANNUAL STATEMENT OF CHANGES IN BEN OWNERSHIP OF SECURITIES						EFICIAL	Estimated average burden hours per response 1			
See Instruction 1(b). Form 3 Horald Reported Form 4 Transactic Reported	Filed pur oldings Section 17(	a) of the Pu	ıblic U1		g Compa	any A	Act of		ı			
Tedone John J Symbol				Name <b>and</b> Ticker or Trading  N Corp [KAMN]				5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First) (1	(1	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013					(Check all applicable)  Director 10% Owner _X_ Officer (give title Other (specify				
C/O KAMA CORPORA HILLS AVI	TION, 1332 BI	LUE						VP-Finance	below) & Chief Acctn	gOffcr		
	endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Reporting  (check applicable line)							
BLOOMFII	ELD, CT 0600	)2						_X_ Form Filed by O Form Filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-Der	ivative Sec	curitie	es Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Kaman					Amount	(D)	Price	(Instr. 3 and 4)				
Common Stock	Â	Â		Â	Â	Â	Â	17,629.3958 (1)	D	Â		
	ort on a separate line ficially owned directl			contained i	n this for	m are	e not r	ollection of inform equired to respo alid OMB control	nd unless	SEC 2270 (9-02		

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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)	Number		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price Derivat Securit (Instr. :
					(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options (Right to Buy)	\$ 25.93	Â	Â	Â	Â	Â	(2)	(2)	Kaman Common Stock	1,517	Â
Stock Options (Right to Buy)	\$ 36.29	Â	Â	Â	Â	Â	(2)	(2)	Kaman Common Stock	4,895	Â
Stock Options (Right to Buy)	\$ 26.07	Â	Â	Â	Â	Â	(2)	(2)	Kaman Common Stock	3,732	Â
Stock Options (Right to Buy)	\$ 16.35	Â	Â	Â	Â	Â	(2)	(2)	Kaman Common Stock	2,702	Â
Stock Options (Right to Buy)	\$ 33.59	Â	Â	Â	Â	Â	(2)	(2)	Kaman Common Stock	4,560	Â
Stock Options (Right to Buy)	\$ 31.775	Â	Â	Â	Â	Â	(2)	(2)	Kaman Common Stock	4,550	Â

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Tedone John J	Â	Â	VP-Finance & Chief AcctngOffcr	Â				
C/O KAMAN CORPORATION								
1332 BLUE HILLS AVE								

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#### BLOOMFIELD. CTÂ 06002

### **Signatures**

/s/ Richard S. Smith, Jr., Power of Attorney for Mr. Tedone

02/06/2014

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* 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).
- (1) Includes acquisition of 77.5263 shares under the Corporation's Employees Stock Purchase Plan, a Rule 16(b)-3 qualified plan, through 12/31/2013.

Exercisable at the rate of 20% per year, generally beginning one year after grant date; expires ten (10) years after grant. All options and stock appreciation rights are issued under the Corporation's 16b-3 qualified Stock Incentive Plan, including options issued under predecessor plan. The Plans include a feature which permits the exercise price for an option to be paid by withholding a portion of the shares otherwise issuable upon exercise.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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