Form 3 March 14, 2	016								
March 14, 2016 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Workington D.C. 20540						OMB APPROVAL			
	Washington, D.C. 20549					OMB 3235-0104 Number:			
	INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES						Expires: January 31, 2005 Estimated average		
		ion 17(a) of	t to Section 16(a) of the the Public Utility Holdi 0(h) of the Investment C	ng Company	Act of 193		burden hours per response 0.5 m		
(Print or Type	Responses)								
1. Name and Address of Reporting Person <u>*</u> GAMCO INVESTORS, INC. ET AL			2. Date of Event Requiring Statement 3. Issuer Name and Ticker or Trading Sy KAMAN Corp [KAMN] 03/04/2016			mbol			
(Last)	(First)	(Middle)					Amendment, Date Original		
ONE CORPORATE CENTER,Â			Person(s) to Issuer Filed (Check all applicable)			d(Month/Day/Year)			
	(Street)			Director Officer (give title below	X10% Othe (specify bel	r Filin ow)I	dividual or Joint/Group g(Check Applicable Line) Form filed by One Reporting		
RYE, NY	'Â 10580						on Form filed by More than One rting Person		
(City)	(State)	(Zip)	Table I - I	Non-Derivati	ive Securit	ties Beneficially Owned			
1.Title of Sec (Instr. 4)	urity		2. Amount of Beneficially (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature o Ownership (Instr. 5)	f Indirect Beneficial		
Common S	tock		1,200		D (1)	Â			
Common S	tock		8,000		Ι	By: Inves	stment Partnership I (2)		
Common S	tock		1,000		Ι	By: Inves	stment Partnership II (2)		
Common S	tock		3,000		Ι	By: Inves	stment Partnership III (2)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

KAMAN Corp

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 control number. SEC 1473 (7-02)

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security		4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	

Reporting Owners

Reporting Owner Name / Address		Relationsl	nips			
	Director	10% Owner	Officer	Other		
GAMCO INVESTORS, INC. ET AL ONE CORPORATE CENTER RYE, NY 10580	Â	ÂX	Â	Â		
Associated Capital Group, Inc. ONE CORPORATE CENTER RYE, NY 10580	Â	ÂX	Â	Â		
GABELLI MARIO J C/O GAMCO INVESTORS, INC ONE CORPORATE CENTER RYE, NY 10580	Â	ÂX	Â	Â		
GGCP, INC. 140 GREENWICH AVENUE GREENWICH, CT 06830	Â	ÂX	Â	Â		
Signatures						
/s/ Douglas R. Jamieson, Attorney-In-Fact for MARIO J. GABELLI, GGCP, INC., and GAMCO INVESTORS, INC.						
<u>**</u> Signature of Reporting Person						

	Dute				
/s/ Kevin Handwerker, Executive VP, General Counsel & Secretary of ASSOCIATED CAPITAL GROUP, INC.					
**Signature of Reporting Person	Date				

Explanation of Responses:

- * 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).
- (1) These shares are owned by Associated Capital Group, Inc.

GAMCO Investors, Inc. and Associated Capital Group, Inc. have less that a 100% interest in this entity; GGCP, Inc. has less than a 100% interest in GAMCO Investors, Inc. and Associated Capital Group, Inc.; and Mario J. Gabelli has less than a 100% interest in GGCP, Inc.

(2) The amount of securities reported as beneficially owned reflects the total amount of securities held by this entity which is greater that the Reporting Persons' indirect pecuniary interests. The Reporting Persons hereby disclaim ownership of these securities in excess of their pecuniary interests.

Note: File three copies of this Form, one of which must be manually signed. If space 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.