Higgins Andrew William Form 5 January 19, 2012

#### **OMB APPROVAL** FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person \* 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Higgins Andrew William Symbol KAMAN CORP [KAMN] (Check all applicable) 3. Statement for Issuer's Fiscal Year Ended (Last) (First) (Middle) (Month/Day/Year) \_X\_\_ Director 10% Owner Officer (give title 12/31/2011 Other (specify below) below) C/O KAMAN CORPORATION. 1332 BLUE HILLS AVENUE (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year) (check applicable line) BLOOMFIELD, CTÂ 06002 \_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Amount of 1.Title of 2. Transaction Date 2A. Deemed 4. Securities 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if Transaction Acquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned at end Indirect (I) Ownership of Issuer's (Instr. 4) (Instr. 4) (A) Fiscal Year or (Instr. 3 and 4) Amount (D) Price Kaman Â Â Â Â Â Â Â Common 6,173 D Stock Persons who respond to the collection of information **SEC 2270** Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. contained in this form are not required to respond unless (9-02)

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

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| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.          | 5.         | 6. Date Exerc       | cisable and     | 7. Title | e and      | 8. Price of |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------------|-----------------|----------|------------|-------------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | Number     | Expiration D        | ate             | Amou     | nt of      | Derivative  |
| Security    | or Exercise |                     | any                | Code        | of         | (Month/Day/         | Year)           | Under    | lying      | Security    |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e                   | Securi          | ties     | (Instr. 5) |             |
|             | Derivative  |                     |                    |             | Securities |                     |                 | (Instr.  | 3 and 4)   |             |
|             | Security    |                     |                    |             | Acquired   |                     |                 |          |            |             |
|             |             |                     |                    |             | (A) or     |                     |                 |          |            |             |
|             |             |                     |                    |             | Disposed   |                     |                 |          |            |             |
|             |             |                     |                    |             | of (D)     |                     |                 |          |            |             |
|             |             |                     |                    |             | (Instr. 3, |                     |                 |          |            |             |
|             |             |                     |                    |             | 4, and 5)  |                     |                 |          |            |             |
|             |             |                     |                    |             |            |                     |                 |          | Amount     |             |
|             |             |                     |                    |             |            |                     |                 |          | or         |             |
|             |             |                     |                    |             |            | Date<br>Exercisable | Expiration Date | Title N  | Number     |             |
|             |             |                     |                    |             |            |                     |                 |          | of         |             |
|             |             |                     |                    |             | (A) (D)    |                     |                 |          | Shares     |             |

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## **Reporting Owners**

|   | Relationships |              |         |       |  |  |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |
| Higgins Andrew William<br>C/O KAMAN CORPORATION<br>1332 BLUE HILLS AVENUE<br>BLOOMFIELD, CT 06002 | ÂX            | Â            | Â       | Â     |  |  |

### **Signatures**

/s/ Candace A. Clark, Power of Attorney for Mr.
Higgins
01/19/2012

\*\*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).

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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