

CHOUEST LANEY J MD

Form 5

February 14, 2003

1. Name and Address of Reporting Person
Chouest, M.D., Laney J.
16201 East Main Street
PO Box 310
Galliano, LA 70354
USA
2. Issuer Name and Ticker or Trading Symbol
Kaman Corporation (KAMNA)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
12/2002
5. If Amendment, Date of Original (Month/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(X) Director () 10% Owner
() Officer (give title below) () Other (specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)
(X) Form filed by One Reporting Person
() Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Trans- action Date (Month/ Day/ Year)	2A.Execu- action Date (Month/ Day/ Year)	3. Trans- action Code	4. Securities Acquired (A) or Disposed of (D) Amount A/D Price	5. Amo Securi Benefi Owned Follow Yea
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Kaman Class A Common

4923

TABLE II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.	2.	3.	3A.	4.	5.	6.	7.
							Title and Amount of Underlying Securities
	Conver- sion or Exercise Price of	Trans- action Date (Month/ Day/ Year)	Execu- tion Date (Month/ Day/ Year)		Number of Derivative Securities Acquired (A) Disposed (D) (A) (D)	Date Exercisable and Expiration Date (Month/Day/Year) Date Exer- tion Date	Amount or Number of Shares

Explanation of Responses:

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SIGNATURE OF REPORTING PERSON
/s/ Laney J. Chouest, M.D.

DATE
02/14/2003