FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPF | ROVAL |
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OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>Audia Damon J</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol KENNAMETAL INC [KMT] | | | | | | | | | | ck all applic Directo | able) r | g Pers | on(s) to Iss 10% Ov | vner | |
|---|---|--|--|---------|---|--|-------|--------|--------------------------------------|--------|--------|---|---|---------|---|--|--|---------------------------|--|---------------------------------------|--|
| | ANT STRE | * | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2019 | | | | | | | | | | Officer below) | (give title Vice P | resid | Other (s below) ent | specify | | |
| SUITE 5100 (Street) PITTSBURGH PA 15219 | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (: | State) | (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tak | le I - No | n-Deriv | vativ | e Se | curit | ies Ac | quire | d, Di | isp | osed o | f, or E | en | eficiall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) or d Of (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Cod | e V | | Amount | (A) or (D) | | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 10/01 | | | | | 1/201 | 2019 | | М | | | 29,050 | 0 / | 1 | \$29.28 | 34,036 ⁽¹⁾ | | | D | | | |
| Common Stock 10/01/ | | | | 1/201 | 2019 | | | F | | | 9,877 | ' I |) | \$29.28 | 8 24,159(1) | | | D | | | |
| | | • | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | | | 6. Date Expira (Month | ion Da | ate | ble and | 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4) | | s Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | sable | | kpiration ate | Title | N C | Amount or Number of Shares | | | | | | |
| Restricted Stock | (2) | 10/01/2019 | | | M | | | 29,050 | (3 | | | (3) | Commo | n 2 | 29,050 | \$0 | 58,10 | 2 | D | | |

Explanation of Responses:

- 1. Includes 4,986 shares of Performance Unit Shares not yet distributed.
- 2. 1 for 1
- 3. Restricted stock units are subject to time-based vesting and are disbursed in three equal annual installments, commencing on the first anniversary of the grant date, subject to continued employment with the company.

Michelle R. Keating 10/02/2019

** 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.