FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | |
|---|-------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burde | en | | | | | | | |
| l | 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).

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

| Name and Address of Reporting Person* | | | | | | | Issuer Name and Ticker or Trading Symbol | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--|---|------------------------------|-------|--|---|------|------------------------------------|-----------------------------|--------------------|---|-----------------------------|-----------------------|----------------|---|--|---|---|--|
| DUZY | STANLE | KE | KENNAMETAL INC [KMT] | | | | | | | | | Check | all app | , | 10% (| Owner | | | | |
| _ | | | | | | | | | | | | | | | | Office | er (give title | Other below | (specify | |
| (Last) | (Fii | | 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2005 | | | | | | | | | | BCIO | , | resident | , | | | | |
| | CHNOLOG | | | | | | | | | | | | | | | | | | | |
| POST OFFICE BOX 231 | | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | | | | | | - 17 monamont, Date of Original Fred (Monambay/Tear) | | | | | | | | | ne) | , ,, | | | | |
| LATROE | BE PA | PA | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | | | | | | | | | | | | | | | Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | -Deriva | ative | Sec | curitie | s Ac | quired, | Dis | posed o | f, o | r Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 4 and Se Be | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | Code | v | Amount | | | | (A) or (D) | Price | | Report Transa (Instr. | action(s) 3 and 4) | | (Instr. 4) | | | | |
| Common | Stock | 2005 | | | | F | | 251 | | D | \$46 | \$46.95 | | 667.218 | D | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 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/Da | Date, Transacti Code (Ins | | | | | 6. Date E Expiratio (Month/I | n Dat | Amount of | | | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nu of | ount mber ares | | | | | | |

Explanation of Responses:

By: David W. Greenfield For: Stanley B. Duzy, Jr.

07/28/2005

** 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.