FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

Byrnes Charles Michael Jr.		Date of Event equiring Staten Month/Day/Year 2/07/2015	nent	3. Issuer Name and Ticker or Trading Symbol KENNAMETAL INC [KMT]							
(Last) 600 GRANT	(First) STREET	(Middle)				Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 5100					X	Officer (give title below) Vice President	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) PITTSBURG	H PA	15219									More than One
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
				Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisal Expiration Date (Month/Day/Year		ate	3. Title and Amount of Secur Underlying Derivative Secur		ty (Instr. 4) Conve		cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Price of Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

Kevin G. Nowe

12/08/2015

** 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 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).

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.