FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response:	0.5							

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

Rossi Christopher			Date of Event equiring Staten Month/Day/Year 8/01/2017	nent	3. Issuer Name and Ticker or Trading Symbol KENNAMETAL INC [KMT]							
(Last) (First) (Middle) 600 GRANT STREET					tionship of Reporting Perso all applicable) Director	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)				
SUITE 5100					X Officer (give title below) President and			6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) PITTSBURG	H PA	15219								by More than One		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				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)												
Expira			Expiration Da	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securit		4. Convers or Exerc Price of	ise Form:	(Instr. 5)		
			Date Exercisable	Expiratio Date	n Title		Amount or Number of Shares	Derivativ Security				

Explanation of Responses:

No securities are beneficially owned.

08/01/2017 Michelle R. Keating

** 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.