| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |

| Estimated average burden | |
|--------------------------|-----|
| hours per response: | 0.5 |
| | |

| | ress of Reporting Per | son* | 2. Issuer Name and Ticker or Trading Symbol KENNAMETAL INC [KMT] | | tionship of Reporting Per all applicable) | rson(s) to Issuer | |
|--|-----------------------|----------|---|-------------------|--|-----------------------|--|
| CARDOSO CARLOS M (Last) (First) (Middle) 1600 TECHNOLOGY WAY P.O. BOX 231 | | | L _ J | X | Director | 10% Owner | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | x | Officer (give title below) | Other (specify below) | |
| 1600 TECHNO | DLOGY WAY | | 07/25/2007 | | President and | I CEO | |
| P.O. BOX 231 | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | idual or Joint/Group Filin | g (Check Applicable | |
| LATROBE PA 15650 | | 15650 | | X | Form filed by One Reporting Person | | |
| | | | | | Form filed by More tha Person | n One Reporting | |
| (City) | (State) | (Zip) | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|------------------------------|---|---|---------------|---|---|---|----------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 07/25/2007 | | F | | 978 | D | \$81.85 | 58,197.984 | D | |
| Common Stock | 07/25/2007 | | F | | 348 | D | \$81.85 | 57,849.984 | D | |
| Common Stock | 07/25/2007 | | F | | 812 | D | \$81.85 | 57,037.984 | D | |
| Common Stock | 07/25/2007 | | F | | 430 | D | \$81.85 | 56,607.984 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (0.9., | | | | | | ano, | | unco, | optione, | | | Jannaioo) | | | | |
|----------------------------|--|---|--|--|--|------|--|-------------------------|---------------------|---|--|--|--|--|--|--|
| Derivative Conversion Date | | n Date Execution Date, (Month/Day/Year) if any (Month/Day/Year) | | | ansaction of ode (Instr. Derivative | | 6. Date Exerc Expiration Da (Month/Day/Y | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

By: David W. Greenfield For:

Carlos M. Cardoso

07/26/2007

** 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.