FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

wasnington,	D.C. 20549	

OMB APPROVAL							
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Restricted				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	or Number of Shares				
						of (D) (Instr. 3, 4 and 5)					Amount		Transaction(s) (Instr. 4)	(s)	
Security or Exe (Instr. 3) Price of Derivation	2. Conversion or Exercise (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)  Security		ate, Trans	Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
		1	Γable II - D (€					uired, Dis , options,			-	Owned			
			Date (Month/Day/Y	Day/Year) Execution Day if any (Month/Day/Y		,	Code (Instr. 5)		<u> </u>	Beneficia Owned F Reported Transact	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Beneficial Ownership (Instr. 4)		
1. Title of S	Security (Inst			-Derivativ 2. Transaction Date	1 2	2A. Deeme	ed	3.	4. Securi	ties Acquire	ed (A) or	5. Amou	nt of 6		7. Nature
(City)	(St	ate)	(Zip)									Persor			
(Street) LATROE	BE PA	1	15650								Line	X Form fi	led by More	Reporting Perso	
P.O. BOX 231					If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Last) (First) (Middle) 1600 TECHNOLOGY WAY					3. Date of Earliest Transaction (Month/Day/Year) 02/01/2010					below) below) Vice President and CFO					
SIMPKINS FRANK P				<u>K</u>	KENNAMETAL INC [ KMT ]					`		r (give title	10% Ov Other (s		
1 Name ar	nd Address of	Reporting Person*		2.	Issuer	Name an	d Tick	er or Trading	Symbol					Person(s) to Iss	uer

## **Explanation of Responses:**

- 1. 1-for-1
- 2. Not applicable.

By: Kevin G. Nowe For: Frank

P. Simpkins

02/01/2010

\*\* 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.