FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	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

					UI Sec	uon s	5U(II) 0	i the i	nvesune	ni Co	mpany Act c	11940								
Name and Address of Reporting Person* Rossi Christopher						2. Issuer Name and Ticker or Trading Symbol KENNAMETAL INC [KMT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
										X				10% O						
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 07/24/2023									X	Office belov	er (give title v)		Other (below)	specify					
C/O KEI	0//24/2023									President and CEO										
525 WILLIAM PENN PLACE, 33RD FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year) 07/26/2023								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															X Form filed by One Reporting Person					
PITTSBURGH PA 15219														Form filed by More than One Repo Person					oorting	
(City)	(St	Rule 10b5-1(c) Transaction Indication																		
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																			
		Table	l - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	, or I	Benefi	ciall	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Execution		tion D	,	Transaction Disposed (Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3,		and Securit Benefic Owned		ies cially Following	Form (D) or Indire	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pri	e	Reporte Transa (Instr. 3	ction(s)		nstr. 4)	(Instr. 4)	
Common	023				Α		10,001(1)		1 :	S <mark>O</mark>	307,704.701(2)			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 Onte (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) oi Dispo of (D) (Instr	rative rities ired r osed)	6. Date Expirati (Month/	on Da			int of rities rlying ative rity	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code V (A) (D)		Date Exercis	Expiration isable Date Ti		Title	Amoun or Numbe of Shares									

Explanation of Responses:

1. On July 26, 2023, the reporting person filed a Form 4 that inadvertently reported the earning of 100,001 performance stock units on July 24, 2023, with respect to the third tranche of the Performance Unit Award granted to the reporting person on August 15, 2020, under the Kennametal Inc. Stock and Incentive Plan of 2016 (the "2020 Performance Unit Award"). The correct amount earned as reported in this amendment is 10,001 performance stock units.

2. This amount is inclusive of all transactions reported on the initial Form 4.

Michelle R. Keating, as attorney-in-fact for 07/26/2023

Christopher Rossi

** 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.