FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

	pe Response															
	. Name and Address of Reporting Person [*]			2. Issuer Name and Ticker or Trading Symbol GRAHAM CORP [GHM]						5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner					
C/O GRA	(Last) (First) (Middle) C/O GRAHAM CORPORATION, 20 FLORENCE AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 07/31/2008						-	Officer (given	ve title below)	Ot	ther (specify bel	ow)
(Street) BATAVIA, NY 14020				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							dired, Disposed of, or Beneficially Owned				
1.Title of S (Instr. 3)	/			2A. Deen Execution any (Month/I	n Date, if	Code (Inst	3. Transaction Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (I (Instr. 3, 4 and 5)		of (D) C				6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership
						Co	ode '	V A	Amount (A) o		Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock										0)			D	
Reminder:	Report on a	separate line for eac	h class of securities	benericiai	ly owned	direct	Pe	rson ntain	s who r ned in th	his for	m are no	collection ot required lid OMB co	to respon	d unless tl		1474 (9-02)
	•		Table II -		e Securiti calls, wa	es Ac	Pe con for quired,	rson ntain m di Dispo ns, co	s who red in the splays and of, convertible	his for a curr or Ben le secu	m are no ently va eficially (rities)	ot required lid OMB co Owned	to respon	d unless ti ber.	ne	. , ,
1. Title of	•	3. Transaction	Table II -	Derivativo (e.g., puts.) 4. Transact Code	e Securiti calls, wa 5. Num of Deriv	ber vative rities tired or osed 0)	Perconformation of the conformation of the con	rson ntain m di Dispo ns, co Exer ion D	s who remed in the splays a splays a splays a splays a splay a	his for a curr or Ben le secu	m are no ently va eficially (rities)	ot required lid OMB co Owned and Amount lying s	to respon	d unless tl	of 10. Owners Form of Security Direct (or Indir	11. Nature of Indirect Beneficia Ownershi (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - (3A. Deemed Execution Date, if	Derivativo (e.g., puts.) 4. Transact Code	e Securiti calls, wa 5. Num of Deriv Secu Acqu (A) c Dispo of (D (Instr	ber Active rities tired to so the contract of	Pecon for quired, s, option 6. Date Expirat (Month	rson ntain m di Dispo s, co Exer ion D /Day/	s who remed in the splays a splays a splays a splays a splay a	his for a curr or Ben le secun	eficially (rities) 7. Title a of Under Securities	ot required lid OMB co Owned and Amount lying s	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form of Derivat Security Direct (or Indir	11. Nature of Indirect Beneficia Ownershi (Instr. 4)

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Fortier Alan C/O GRAHAM CORPORATION 20 FLORENCE AVENUE BATAVIA, NY 14020	X					

Signatures

/s/ Alan Fortier	08/04/2008
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) This option was granted under the Amended and Restated 2000 Graham Corporation Incentive Plan to Increase Shareholder Value in a transaction exempt under Rule 16b-3 and is exercisable pro rata on the first, second, third and fourth anniversaries of the grant date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.