FORM 4

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

OMB APPRO	OVAL
OMB Number:	3235-0287
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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 Responses	· .														
1. Name and Address of Reporting Person* BIDLACK JERALD D				2. Issuer Name and Ticker or Trading Symbol GRAHAM CORP [GHM]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
P.O. BOX 347 (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 11/23/2005							_	Officer (give title below) Other (specify below)				
(Street) WEST SENIECA NV 14224			4. If Amendment, Date Original Filed(Month/Day/Year)							_X_	6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
WEST SENECA, NY 14224 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu							es Acquired	lired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		e, if	3. Transa Code (Instr. 8)	4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		F(D) Owned Follow Transaction(s				6. Ownership Form:	7. Nature of Indirect Beneficial Ownership	
				(WOIIII)	/Day/ 1	ear)	Code	V	V Amount (D) Price (Instr. 3 and 4)			Direct (D) Owner or Indirect (Instr. (I) (Instr. 4)				
Common	Stock		11/23/2005				M		1,900	A	\$ 5.5 32	2,400 D		D		
Common	Stock		11/23/2005				S		1,400		\$ 20.59 31	,000			D	
Reminder:	Report on a s	separate line for each	class of securities l	peneficial	lly owr	ned dir	rectly or	Person in this	ns who form a	re not r	equired to	ollection of respond 3 control n	unless the	tion contai	ned SEC	1474 (9-02)
Reminder: 1	Report on a s	separate line for each					•	Person in this displa	ns who form a ys a cu	re not r	equired to	respond control n	unless the		ned SEC	1474 (9-02)
1. Title of	2. Conversion	3. Transaction		Derivati (e.g., pu 4. Transaci Code	ive Sects, call 5.tion of D A (A D of (I	Number of the control	es Acquirrants, o ther formula for the formul	Person in this displa	ns who form a ys a cu cosed of, onvertib reisable a	re not r rrently , or Bene ble secur	equired to valid OME eficially Ow ities)	o respond 3 control n wned nd Amount ying	unless the umber. 8. Price of		of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat hip of Indir Benefic ive Owners (Instr. 4
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II - 3A. Deemed Execution Date, if any	Derivati (e.g., pu 4. Transaci Code	ive Sects, call 5.tion of D A (A D of (I	Numlice erivation of the control of	es Acquirrants, o her Explicative lies ed ed B, 4,	Persoi in this displa red, Disp ptions, c Date Exer piration I onth/Day	ns who form a ys a cu posed of, onvertil cisable a Date /Year)	re not r rrently or Bene ole secur and	equired to valid OME eficially Ow ities) 7. Title an of Underly Securities	o respond 3 control n wned nd Amount ying	8. Price of Derivative Security	9. Number Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Owners Form o Derivat Security Direct (or Indir	11. Nat hip of Indir Benefic ive Owners (Instr. 4

Reporting Owners

P. C. O. N.	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BIDLACK JERALD D						
P.O. BOX 347	X					
WEST SENECA, NY 14224						

Signatures

Jerald D. Bidlack	11/28/2005
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 previously reported by Mr. Bidlack.

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.