## FORM 4

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

OIVID APPROVAL						
OMB Number:	3235-0287					
Estimated average bur	den					
hours per response	0.5					

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	/															
1. Name and Address of Reporting Person * BERKELEY HELEN H				2. Issuer Name and Ticker or Trading Symbol GRAHAM CORP [GHM]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner						
(Last) (First) (Middle) 50 OLD MILL ROAD				3. Date of Earliest Transaction (Month/Day/Year) 06/08/2006								0	Officer (give	title below)	Oth	er (specify belov	v)
(Street) ROCHESTER, NY 14618				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acqui	ired, Disposed of, or Beneficially Owned						
1.Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea				te, if Co			4. Securities Acquired (A) or Disposed of (D (Instr. 3, 4 and 5)					ecurities Beneficially ing Reported		Ownership Form:	Beneficial		
				(Mon	th/Day/		Code	V Ar	nount	(A) or (D)	Price	(Instr.	3 and 4)	,		or Indirect (I)	Ownership (Instr. 4)
Common	Stock		06/08/2006				M	12	2,000		\$ 8.5	172,7	744 D		D		
Common Stock 06/08/2006					S	12	2,000 1	D	\$ 21 1	160,744			D				
		separate line for each		peneficia	lly own	ed direct	P	rectly. ersons	rm are	not re	quired	l to re	spond u		on contain form displ		1474 (9-02)
		separate line for each		- Deriva	tive Se	curities A	Pin a a cquired	rectly. ersons this fo	orm are tly valided	not red d OMB	quired contr icially	l to re ol nur	spond u nber.				1474 (9-02)
Reminder:	Report on a s	3. Transaction	class of securities b	- Deriva (e.g., p 4. Transac Code	tive Secuts, call 5. tion of Secuts or of (In		e Expira (Month	rectly. ersons this for current , Disposons, con	orm are tly valided ed of, o vertibled isable are te	e not red d OMB or Benefi e securit	icially ies) 7. Titl of Und	Owned and Aderlyin	spond unber. d Amount	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction	of 10. Ownersh Form of Derivati' Security Direct (I or Indire (s) (I)	11. Nature of Indire Beneficial Ownersh (Instr. 4)
Reminder:  1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., p 4. Transac Code	tive Secuts, call 5. tion of Secuts or of (In	surities As, warra Number Derivatir curities equired (ADisposed (D) sstr. 3, 4,	Pin a cequired ats, optic 6. Date (Monta)	rectly. ersons this fo current , Dispos ons, con te Exerciation Da	orm are tly valided ed of, o vertibled isable are te	e not red OMB or Benefice security	icially ies) 7. Titl of Und	Owned de and Aderlyin ities 3 and	spond unber. d Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	of 10. Ownersh Form of Derivatir Security Direct (I or Indire	11. Nature of Indire Beneficial Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
BERKELEY HELEN H 50 OLD MILL ROAD ROCHESTER, NY 14618	X						

### **Signatures**

/s/ Carole M. Anderson, Attorney-in-fact for Helen H. Berkeley	06/12/2006
<sup>**</sup> 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 Mrs. Berkeley.

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

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.