#### FORM 4

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

| OMB APPRO             | VAL       |
|-----------------------|-----------|
| OMB Number:           | 3235-0287 |
| Estimated average but | ırden     |
| 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).

#### 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                                               |                                            |                                                                                                                                    |                                                      |                                                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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----------------------------------------------------|----------------------------------------------------------------|----------------------------------------|
| 1. Name and Address of Reporting Person* VAN REES CORNELIUS S                                  |                                                           |                                            | 2. Issuer Name and Ticker or Trading Symbol GRAHAM CORP [GHM]      3. Date of Earliest Transaction (Month/Day/Year)     05/29/2008 |                                                      |                                                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  _X_Director |                                                                                     |                                                    |                                 |                                                                                   |                                                                |                                        |
| (Last) (First) (Middle) C/O GRAHAM CORPORATION, 20 FLORENCE AVENUE (Street)  BATAVIA, NY 14020 |                                                           |                                            |                                                                                                                                    |                                                      |                                                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                               |                                                                |                                        |
|                                                                                                |                                                           |                                            |                                                                                                                                    | 4. If Amendment, Date Original Filed(Month/Day/Year) |                                                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |                                                                                      |                                                                                     |                                                    |                                 | _X_                                                                               | ine)                                                           |                                        |
| (City                                                                                          |                                                           | (State)                                    | (Zip)                                                                                                                              |                                                      | 1                                                                                                             | able                                     | I - Non-D                                                                                                                                                                                                                                                                                                                                                                                                                                                             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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tive Secu                                                      | rities A                                                                             | Acquired                                                                            | d, Disposed                                        | l of, or Ben                    | eficially Ow                                                                      | ned                                                            |                                        |
| (Instr. 3) Dat                                                                                 |                                                           | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date<br>r) any<br>(Month/Day/Y                                                                             |                                                      | Code<br>(Inst                                                                                                 |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                | (D) Ow<br>Tra                                                                        | 5. Amount of Securitie<br>Owned Following Rep<br>Transaction(s)<br>(Instr. 3 and 4) |                                                    |                                 | 6.<br>Ownership<br>Form:<br>Direct (D)                                            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership            |                                        |
|                                                                                                |                                                           |                                            |                                                                                                                                    | (World)                                              | oay/ 1 car)                                                                                                   |                                          | ode V                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                | ) or<br>D) F                                                                         | Price                                                                               | su. 5 and 4                                        | 3 and 4)                        |                                                                                   | or Indirect (I) (Instr. 4)                                     | (Instr. 4)                             |
| Common                                                                                         | Stock                                                     |                                            |                                                                                                                                    |                                                      |                                                                                                               |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                |                                                                                      | 12                                                                                  | 2,625 (1)                                          |                                 |                                                                                   | D                                                              |                                        |
| Reminder:                                                                                      | Report on a                                               | separate line for eac                      | h class of securities                                                                                                              | beneficial                                           | ly owned                                                                                                      | direct                                   | Pers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | who res<br>d in this                                           | form                                                                                 | are not                                                                             | required                                           |                                 | d unless th                                                                       |                                                                | 1474 (9-02)                            |
| Reminder:                                                                                      | Report on a s                                             | separate line for eac                      | Table II -                                                                                                                         | Derivativ                                            | e Securiti                                                                                                    | es Ac                                    | Person form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | who res<br>d in this<br>plays a c                              | form<br>curren                                                                       | are not<br>ntly valid                                                               | required<br>d OMB co                               |                                 | d unless th                                                                       |                                                                | 1474 (9-02)                            |
| 1. Title of                                                                                    | 2. Conversion or Exercise Price of Derivative Security    | 3. Transaction                             | Table II - 3A. Deemed Execution Date, if                                                                                           | Derivative<br>(e.g., puts,<br>4.<br>Transact<br>Code | e Securiti, calls, was calls, was followed by the calls of Deriv Security Acquired (A) of Disposof (D) (Instr | ber vative rities dired or cosed by : 3, | Person<br>con<br>form<br>quired, E<br>s, option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sons tained tain | who res d in this blays a c ed of, or l vertible s sable and e | Form curren  Benefice curition of Se                                                 | are not<br>ntly valid<br>icially Ov<br>ies)                                         | t required<br>d OMB co<br>wned<br>d Amount<br>ring | to respon                       | d unless th                                                                       | of 10. Owners Form of Derivat: Security Direct ( or Indir      | 11. Naturof Indire Benefici (Instr. 4) |
| 1. Title of<br>Derivative<br>Security                                                          | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative | 3. Transaction Date                        | Table II -  3A. Deemed Execution Date, if                                                                                          | Derivative<br>(e.g., puts,<br>4.<br>Transact<br>Code | e Securiti, calls, wa 5. ion Num of Deriv Securiti Acqu (A) o Dispp of (D                                     | ber vative rities dired or cosed by : 3, | Personners of the conformal of the confo | tained is disposed in disposed is disposed in disposed is disposed in disposed | who res d in this blays a c ed of, or l vertible s sable and e | Beneficecuriti 7. of Se (Ir                                                          | are not ntly valid icially Ories)  Title and f Underly ecurities                    | t required<br>d OMB co<br>wned<br>d Amount<br>ring | 8. Price of Derivative Security | 9. Number Derivative Securities Beneficially Owned Following Reported Transaction | of 10. Owners Form of Derivati Security Direct ( or Indirects) | 11. Naturof Indire Benefici (Instr. 4) |

### **Reporting Owners**

|                                                                                           | Relationships |              |         |       |  |  |
|-------------------------------------------------------------------------------------------|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address                                                            | Director      | 10%<br>Owner | Officer | Other |  |  |
| VAN REES CORNELIUS S<br>C/O GRAHAM CORPORATION<br>20 FLORENCE AVENUE<br>BATAVIA, NY 14020 | X             |              |         |       |  |  |

## **Signatures**

| /s/ Carole M. Anderson, Attorney-in-fact for Cornelius S. Van Rees | 06/02/2008 |
|--------------------------------------------------------------------|------------|
| **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) Adjusted to reflect a 5-for-4 stock split in the nature of a stock dividend paid on 1/3/08.
- (2) 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.