FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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

(Print or Ty	pe Response	s)																	
1. Name and Address of Reporting Person* BIDLACK JERALD D				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								
		(First) ORPORATION, NUE	20	3. Date of 06/04/2			Fransa	action (N	Month	n/Day/Y	ear)	-	Off	icer (giv	e title below)	Oti	ner (specify be	low)	
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person							
-	IA, NY 14		(7:)										_ 101111	med by	Wore than one	reporting reiso			
(Cit		(State)	(Zip)				_									eficially Owi	ied		
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		(Instr. 8)			4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)				Follow etion(s)	\ /		6. Ownership Form: Direct (D)	of In Bene	ature ndirect eficial nership	
				(Worth	Дау	, r car)		Code	v	Amount	(A) or (D)	Price	mou	and 4	,		or Indirect (I) (Instr. 4)		
Common Stock		06/04/2009				S	:	2,000	D	\$ 13.48	41,89	3			D				
Common Stock		06/04/2009				S	2	2,000	D	\$ 13.41	39,89	3			D				
in this form are not required to respond unless the form displays a currently valid OMB control number. Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 2. 3. Transaction Date 3A. Deemed Execution Date, if Transaction Number Expiration Date 5. 6. Date Exercisable and Poerivative Derivative									ship										
		(Month/Day/Year)	Month/Day/Year) any (Month/Day/Yea		Code of Deriv. Securi Acqui (A) or Dispo of (D) (Instr. 4, and		rities nired or osed 0) 7. 3,			/		Securities (Instr. 3 and 4)		Security (Instr. 5)	Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Securit Direct or Indi	tive (y: (D) rect	Beneficia Ownersh (Instr. 4)	
				Code	V	(A)	(D)	Date Exercis	sable		ration	Title	or N of	umber					
Stock Option (Right to Buy)	\$ 5.56 (1)							04/27	//200	06 10/2	26/2015	Comm Stoc		,000 (1)		5,000 (1) D		
Stock Option (Right to Buy)	\$ 7.976 (2)							1	(2)	06/0	01/2016	Comm Stoc		,000 (2)		5,000 (2	D D		
Stock Option (Right to Buy)	\$ 6.9 (3)							((3)	05/3	31/2017	Comm		,000 (3)		5,000 (3) D		
Stock Option (Right to Buy)	\$ 30.875 (4)							1	(4)	05/2	29/2018	Comm		24 (4)		924 (4)	D		

Reporting Owners

Relationships

Reporting Owner Name / Address	Director	10% Owner	Officer	Other
BIDLACK JERALD D C/O GRAHAM CORPORATION 20 FLORENCE AVENUE BATAVIA, NY 14020	X			

Signatures

/s/ Carole M. Anderson, Attorney-in-fact for Jerald D. Bidlack	06/08/2009
**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.
- (2) This option was previously reported by Mr. Bidlack and is exercisable pro rata on the first, second, third and fourth anniversaries of the 6/01/06 grant date.
- (3) This option was previously reported by Mr. Bidlack and is exercisable pro rata on the first, second, third and fourth anniversaries of the 5/31/07 grant date.
- (4) This option was previously reported by Mr. Bidlack and is exercisable pro rata on the first, second, third and fourth anniversaries of the 05/29/08 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.