

(Print or Type Responses)

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

OMB APPROVAL				
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nours per response				

#### INITIAL STATEMENT OF 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

3. Issuer Name and Ticker or Trading Symbol

2. Date of Event Requiring

1. Name and Address of Reporting Person *- Schnorr Lisa M.	2. Date of Event Requiring Statement (Month/Day/Year)  07/31/2014		3. Issuer Name and Ticker or Trading Symbol GRAHAM CORP [GHM]					
(Last) (First) (Middle) C/O GRAHAM CORPORATION, 20 FLORENCE AVENUE	4 Is			4. Relationship of Issuer (Check X Director	Reporting Person all applicable)	Filed(Mon	5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) BATAVIA, NY 14020			Officer (give title Other (specify below)		Applicable I _X_ Form fi	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned								
1.Title of Security (Instr. 4)		Ве	Amount of Seneficially Ownstr. 4)	vned	*	4. Nature of Indire (Instr. 5)	ct Beneficial Ownership	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.  SEC 1473 (7-02)  Persons who respond to the collection of information contained in this form are not required to respond								
unless the form displays a currently valid OMB control number.  Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
(Instr. 4)	ecurity  2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Der Security (Instr. 4)		Price of Derivative	5. Ownership Form of Derivative Security: Direct	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title Amou Shares	ant or Number of	Security	(D) or Indirect (I) (Instr. 5)		

# **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Schnorr Lisa M. C/O GRAHAM CORPORATION 20 FLORENCE AVENUE BATAVIA, NY 14020	X				

# **Signatures**

/s/ Lisa M. Schnorr	07/31/2014
**Signature of Reporting Person	Date

# **Explanation of Responses:**

#### No securities are beneficially owned

- If the form is filed by more than one reporting person, see Instruction 5(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).

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.