### Edgar Filing: Smith Alan E - Form 4/A

Smith Alan E												
Form 4/A												
June 25, 2009										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO								COMMISSION		FFNOVAL		
				hington,					Number:	3235-0287		
Check this				0 /					Expires:	January 31,		
if no longe subject to	STATEM	IENT O	F CHAN	GES IN BENEFICIAL OWNERSHIP OF						2005 average		
Section 16		SECURITIES							Estimated average burden hours per			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 19							response	0.5		
obligation	~ ^							ge Act of 1934, of 1935 or Sectio	n			
may contin	nue.		of the Inv	•	<b>U</b>	- ·			11			
See Instruction 1(b).	ction	50(11)			company	, 1100	. 01 17	10				
(Print or Type R	esponses)											
1 Name and Ad	dress of Reporting l	Person *	2 Issuer	Nama and '	Fielen or 7	Fradin	a	5. Relationship of	f Reporting Per	son(s) to		
Smith Alan E	2. Issuer Name <b>and</b> Ticker or Trading Symbol				g	Issuer						
			-	M CORP	[GHM]					、 、		
(Last)	(First) (N	(liddle)	3. Date of	Earliest Tra	nsaction			(Chec	ck all applicable	e)		
			(Month/Day/Year)					Director 10% Owner				
C/O GRAHA			05/28/20	09				X Officer (give below)	e title Oth below)	er (specify		
	TION, 20 FLORE	ENCE						· · · · · · · · · · · · · · · · · · ·	of Operations			
AVENUE												
(Street)			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Month/Day/Year) 06/01/2009					Applicable Line) _X_ Form filed by One Reporting Person				
BATAVIA, I	NY 14020		00/01/20	09				Form filed by M Person				
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of	2. Transaction Date	e 2A. Dee	emed	3.	4. Securit	ties		5. Amount of	6. Ownership	7. Nature of		
Security	(Month/Day/Year)		on Date, if	Transactio	-			Securities	Form: Direct	Indirect		
(Instr. 3)		any (Month	Code Disposed of (I /Day/Year) (Instr. 8) (Instr. 3, 4 and				·	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership		
				(	(		- /	Following	(Instr. 4)	(Instr. 4)		
						(A)		Reported Transaction(s)				
				Code V	A	or	Deia	(Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price					
Stock								3,067	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

Reporting Owner Name / Address		Relationships							
		Director	10% Owner	Officer	Other				
Smith Alan E C/O GRAHAM CORPOR 20 FLORENCE AVENU BATAVIA, NY 14020				VP of Operations					
Signatures									
/s/ Alan E. Smith	06/25/2	009							
<u>**</u> 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).

#### **Remarks:**

This amendment is being filed solely to attach a Limited Power of Attorney for Section 16 Reporting Obligations pursuant to g

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.