Cochrane John H. Form 3 January 03, 2012 FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 OMB APPROVAL OMB Number: 3235-0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Addres Person <u>*</u> Cochrane Joh	1	orting	2. Date of Event Requirin Statement	3. Issuer Name and Ticker or Trading Symbol Kaiser Federal Financial Group, Inc. [KFFG]				
	irst)	(Middle)	(Month/Day/Year) 12/22/2011	4. Relationshi Person(s) to I	p of Reporting ssuer	5. If Amendment, Date Original Filed(Month/Day/Year)		
	rreet)			(Check X_ Director Officer (give title below	Other	Owner	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) (S	tate)	(Zip)	Table I -	Non-Derivat	ive Securiti	es Be	neficially Owned	
1.Title of Security (Instr. 4)			2. Amount Beneficiall (Instr. 4)	of Securities y Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*	
Common Stock			100		D	Â		
Reminder: Report of owned directly or in	-	e line for ea	ch class of securities benef	icially S	EC 1473 (7-02)		
	informa require	ation conta d to respo	oond to the collection o ined in this form are n nd unless the form dis IB control number.	ot				
Table	II - Deriv	vative Secur	ities Beneficially Owned	(e.g., puts, calls,	warrants, opt	ions, c	onvertible securities)	

. Title of Derivative Security 2. Date E Instr. 4) Expiratio (Month/Day/N)		Date	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

January 31,

2005

0.5

Expires:

response...

Estimated average burden hours per

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director 10% Owner		Officer Other			
Cochrane John H. 1359 N. GRAND AVENUE COVINA, CA 91724	ÂX	Â	Â	Â		
Signatures						
/s/ Jean Carandang, Pursuant to Attorney	Power of	of	01/0	03/2012		
<u>**</u> Signature of Reporting Per	Date					
Evolopation of Da	onor					

Explanation of Responses:

* 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.