FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	STATEMENT OF CHANGES IN BENEFICIAL OWN
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940
Name and Address of Reporting Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol

Name and Address of Reporting Person*     Powell Jeffrey L						2. Issuer Name and Ticker or Trading Symbol  KADANT INC [ KAI ]									(Ch	Relationship eck all appl X Direct	,		son(s) to Iss 10% Ov	
(Last)	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/06/2024										X Office below	r (give title ) Presider	nt &	Other (s below) CEO	specify
ONE TECHNOLOGY PARK DRIVE					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. li	Individual or Joint/Group Filing (Check Applicable ine)						
(Street) WESTFORD MA 01886														X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Ru	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ad	cqui	ired, [	Disp	osed o	of, or E	3ene	eficial	ly Owne	d			
D				2. Trans Date (Month/		ar)	2A. Deemed Execution Date, if any (Month/Day/Year		е,	, Transaction Dis		Dispose	Securities Acquired (A sposed Of (D) (Instr. 3,			Benefic	ies For cially (D) Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount	nt (A) or (D)		Price	Transac (Instr. 3	tion(s)			(IIIsti. 4)
Common	Stock														51	51,246		D		
		7	able II - [ )									sed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code (I				Exp	Date Exe Diration I Onth/Day	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	O N O	lumber					
Restricted Stock Unit	\$0	03/06/2024			A		8,613			(1)	04	1/30/2027	Commo		8,613	\$0	8,613		D	
Restricted Stock Unit	\$0	03/06/2024			Α		2,153			(2)	04	1/30/2027	Commo		2,153	\$0	2,153		D	

## **Explanation of Responses:**

1. Each Restricted Stock Unit ("RSU") represents the right to receive one share of the Issuer's common stock. The RSU vests and is distributable in three equal installments beginning on March 10, 2025, provided that the Issuer meets certain performance requirements for fiscal 2024 and the reporting person is employed by the Issuer on the vesting date. The maximum number of shares the reporting person may receive is 150% of the RSU amount.

2. This RSU vests and becomes exercisable in three annual installments beginning on March 10, 2025, provided the reporting person is employed by the Issuer on the vesting date.

## Remarks:

/s/ Stacy D. Krause, by power 03/07/2024 of attorney

\*\* Signature of Reporting Person

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.