FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

ashington,	DС	20549	
asimigion,	D.O.	20070	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bi	urden								
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*  LEONARD THOMAS C						2. Issuer Name <b>and</b> Ticker or Trading Symbol  KADANT INC [ KAI ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
		<u> </u>			_							2 0/ :			$\dashv$	X Direct			10% Ov	·	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2023										Officer below)	(give title		Other (s below)	pecify	
KADAN	T INC.				4 11	Amer	ndment	t Date	of C	Original I	iled	(Month/D	av/Yea	ar)	6 1	ndividual or	Joint/Grout	Filing	(Check Ap	nlicable	
ONE TE	CHNOLOG	GY PARK DRIV	Έ		" "	,		i, Duio	0. 0	31.ga.		(	. u.j u.	ω.,	Line		0.00		, (cco., , p	p000.0	
					-											X Form	filed by On	e Repo	orting Perso	n	
(Street) WESTFO	ORD M	Γ <b>A</b>	01886													Form Perso		re thai	n One Repo	rting	
L	J105 111		01000		Ri	1 مار	0h5	-1/c	<u>۱</u> Т	rane	acti	ion Inc	dicat	tion							
(City)	(9	tate)	(Zip)		'``	110 1	000	. (0	<i>,</i> .	Turio	400	011 1110	aioai								
(City)	(5	iale)	(ΖΙΡ)			Check	this bo	ox to inc	dicate e def	e that a t fense co	ransa nditio	ction was	made p 10b5-1	oursuan (c). See	t to a con e Instructi	tract, instruct on 10.	on or writter	n plan t	hat is intende	d to	
		Tabl	le I - Nor	n-Deriv	ative	Sec	uritie	es Ac	qu	ıired, l	Dis	oosed o	of, or	r Ben	eficial	ly Owne	d				
Da				Date	Date Month/Day/Year) in			2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefic	es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)		
Common Stock			12/30	0/2023					M		217	$\rightarrow$	A (1)		12,238			D			
		Т														Owned		<u> </u>			
				(e.g., p	outs,	calls	, war	rants	s, o	ption	s, c	onverti	ible s	secur	rities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactio Code (Inst 8)				6. Date Exercisal Expiration Date (Month/Day/Year			Amount of			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	1	Amount or Number of Shares						
Restricted Stock Unit	\$0	12/30/2023			M			217		(1)	01	1/31/2024	Com		217	\$0	0		D		

## **Explanation of Responses:**

1. Represents partial vesting of a restricted stock unit award on December 30, 2023 and delivery of shares to the reporting person pursuant to the terms of a restricted stock unit award agreement dated May 17, 2023

## Remarks:

/s/ Stacy D. Krause, by power of attorney

01/02/2024

\*\* Signature of Reporting Person

Date

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.