### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiiiiiqtuii,	D.C.	20349

<b>STATEMENT</b>	OF	<b>CHANGES</b>	IN

# N BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 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 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

1. Name and Address of Reporting Person* <u>LAMBERT SANDRA L</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol  KADANT INC [ KAI ]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify								
(Last) KADAN	,	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/09/2015										Κ Ρ, G	below)		JNSE	below)	`				
ONE TECHNOLOGY PARK DRIVE						4. If Amondment, Date of Original Filed (Month/Day/Near)										6. Individual or Joint/Group Filing (Check Applicable								
(Street) WESTFORD MA 01886						4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person								
(City)	(S	tate)	(Zip)			PE										1 013011								
		Tab	le I - Nor	n-Deriv	vative	e Se	curitie	s A	cqu	uired, [	Disp	osed (	of, or E	Bene	eficiall	y O	wned							
Date				2. Trans Date (Month			2A. Deemed Execution Date, if any (Month/Day/Year		<i>'</i>	Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			4 and Se		5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										Code	v	Amount	nount (A) or (D)		Price	Reported Transact (Instr. 3		on(s)						
Common Stock															18,503			D						
		-	Γable II -				urities ls, warı									Ow	vned				,			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		ate		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	Der Sec	Price of ivative curity str. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat Exe	te ercisable		piration te	Title	OI No	umber									
Restricted Stock Unit <sup>(1)</sup>	\$0.0	03/09/2015			A		2,477			(1)	03	/10/2018	Commo Stock	n 2,	,477 <sup>(1)</sup>		\$0	2,477	·	D				
Restricted Stock	\$0.0	03/09/2015			A		619			(2)	03	/10/2018	Commo Stock	n (	619 <sup>(2)</sup>		\$0	619		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 installations beginning on March 10, 2016, provided that the Issuer meets certain performance requirements for fiscal 2015 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, 2016, provided the reporting person is employed by the Issuer on the vesting date.

## Remarks:

EXHIBIT LIST Exhibit 24 - Limited Power of Attorney for Section 16 Reporting Obligations

Sandra L. Lambert 03/11/2015

\*\* 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.