FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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| | Washington, D.C. 20049 | |
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| | | |
| STATEMENT O | F CHANGES IN BENEF | FICIAL OWNERSHIP |

| ONB APPROVAL | | | | | | | | |
|--------------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

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>ALBERTINE JOHN M</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol KADANT INC [KAI] | | | | | | | (Che | ck all application | 10% Owner | | ner | | | |
|--|---|------------|--|------------------------|---|------|---|--|---------|-------------------|--|---|--|---|--|--|--|--|--------|
| (Last) | Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2012 | | | | | | | | Officer (below) | (give title | | Other (s below) | pecify |
| ONE TECHNOLOGY PARK DRIVE | | | | 4 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. In | Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) WESTFORD MA 01886 | | | | | | | | | | | | | | Line | Form fil | ed by Mor | | rting Persor One Repor | I |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ble I - Non | -Derivati | ve Se | curi | ties Ac | quire | ed, Di | ispo | osed o | f, or E | ene | ficially | / Owned | | | | |
| Date | | | 2. Transacti Date (Month/Day | Execution Date, | | Co | Transaction Disposed Of (D) (Insti | | | uired Instr. | (A) or 3, 4 and | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Co | ode V | | Amount (A) or (D) | | or | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 03/31 | | | | 03/31/20 | 1/2012 | | 1 | М | | 1,250 | ,250 A | | (1) | 13,750 | | | D | | |
| | | | Table II - D | Derivativ e.g., put | | | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da if any (Month/Day/Y | Code | nsaction Derivative E | | Expir | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title of Sect Underlinderly Derivat (Instr. 3 | rities /ing ive Se | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | Own S For Dir Or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exerc | cisable | Ex Da | piration | Title | O N O | umber | | (Instr. 4) | Oii(3) | | |
| Restricted Stock Unit | \$0 | 03/31/2012 | | М | | | 1,250 ⁽¹⁾ | | (1) | | (1) | Commo | | ,250(1) | \$0 | 3,750 | | D | |

Explanation of Responses:

1. Represents partial vesting of restricted stock unit award on 03/31/2012 and delivery of shares to the reporting person pursuant to the terms of a restricted stock unit award agreement dated 03/08/2012.

Remarks:

by Sandra L. Lambert for John

04/03/2012

M. Albertine ** 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.