FORM 4

## **UNITED STATES S**

Washington, D.C. 20549

ECURITIES	and i	EXCHANGE	COMMISSION	

OMB APPROVAL										
OMB Number:	3235-0287									
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193	4
or Section 30(h) of the Investment Company Act of 1940	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

intende defens	ed to satisfy the conditions of struction 10.																				
1. Name and Address of Reporting Person* PAINTER JONATHAN W					2. Issuer Name and Ticker or Trading Symbol KADANT INC [ KAI ]									(Ch	eck all appli	nship of Reporting I applicable) Director		son(s) to Iss			
(Last)	,	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/28/2024										Officer (give title below)		Other (s below)	specify		
ONE TE	CHNOLO	GY PARK DRIV	Έ		4. If	If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street) WESTFORD MA 01886				_											Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person				I		
(City)	(\$	State)	(Zip)																		
		Tab	le I - Nor	n-Deriv	ative	Sec	uriti	es Ac	cqui	ired, [	Pisp	osed o	of, o	r Ben	eficial	ly Owne	d				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/I						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year		e,   1	Code (Instr.						Securition Benefici	5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									(	Code	v	Amount	nt (A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(111511. 4)	
Common	Stock			09/2	8/2024					M		152	2 A		(1)	8,	8,070		D		
Common Stock															3			I	By Son		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
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/Day	Date,	4. Transa Code ( 8)				6. Date Exer Expiration D (Month/Day/		Date		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable		opiration	Title	N O	mount r lumber f hares						
Restricted Stock Unit	\$0	09/28/2024			M			152		(1)	01	/31/2025	Com		152	\$0	151		D		

## **Explanation of Responses:**

1. Represents partial vesting of a restricted stock unit award on September 28, 2024 and delivery of shares of the reporting person pursuant to the terms of a restricted stock unit award agreement dated May 15, 2024. The remainder of the shares vest on the last day of the Issuer's fourth quarter of fiscal 2024 provided the recipient continues to serve as a director of the Issuer.

## Remarks:

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

10/01/2024

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.