SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* LEONARD THOMAS C	2. Date of Event Requiring Statement (Month/Day/Year) 06/07/2005	3. Issuer Name and Ticker or Trading Symbol <u>KADANT INC</u> [KAI]						
(Last) (First) (Middle) KADANT NC. ONE ACTON PLACE SUITE 202			tionship of Reporting Pers all applicable) Director Officer (give title	10% Owne Other (spe	er 0 cify	5. If Amendment, Date of Original Filed (Month/Day/Year) 06/08/2005		
(Street) ACTON MA 01720 (City) (State) (Zip)			below)	below)		 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 		
	Table I - Non-Deri	vative S	Securities Beneficial	ly Owned				
1. Title of Security (Instr. 4)			unt of Securities cially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			0	D				
	Table II - Deriva (e.g., puts, calls, wa		curities Beneficially options, convertible		s)			
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable Expiration Date (Month/Day/Year)		Fitle and Amount of Secur derlying Derivative Secur		4. Conversion or Exercise Price of	e Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Responses:	Date Expir Exercisable Date	ation Tit	le	Amount Deriva or Secur Number of Shares		ive or Indirect		

by Sandra L. Lambert for

Thomas C. Leonard

07/15/2005

** 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 5 (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.