FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANG	GES IN BEN	IEFICIAL C	WNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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* Russell Erin L				2. Issuer Name and Ticker or Trading Symbol KADANT INC [KAI] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
Kussen	LIIII L					. ,								X Director	or		10% Ov	vner	
(Last)	(F	irst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/30/2023									Officer below)	(give title		Other (s below)	specify
KADAN	T INC.				1 1	Amon	dmont	Data	of Origin	al Eila	d (Month/I) ov/V	oor)	6 1	adividual or	loint/Groun	Eiline	r (Chook An	plicable
ONE TECHNOLOGY PARK DRIVE			4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
ONE TECHNOLOGY PARK DRIVE													X Form filed by One Reporting Person						
(Street)	ORD M	ſΛ (01886												Form t Person		re thai	n One Repo	rting
WESTFORD MA 01886			Ь.	Pulo 10h5 1(a) Transpation Indication															
				- Ki	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate) ((Zip)		-	Check	this ho	nx to ind	licate tha	a tran	action was	made	nursuan	nt to a con	tract instructi	on or writter	n nlan t	hat is intende	ed to
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
						_						_	_	<u> </u>					
		Tabl	le I - Nor	1-Deriv	vative	Sec	uritie	es Ac	quire	d, Dis	sposed	ot, o	r Ben	eticial	ly Owne	d			
1. Title of S	Security (Ins	tr. 3)		2. Trans	saction										7. Nature				
Date (Month/E			/Day/Ye	Execution Date, lay/Year) if any				Transaction Disposed Of (D) (Insti			r. 3, 4 and	I Securition Benefici				of Indirect Beneficial			
[`						(Month/Day/Yea		ar) 8) `			'			Owned I Reporte		(l) (In		Ownership (Instr. 4)	
			Coc					e v	Amoun	,	(A) or Price		Transaction(s)		ı ['		(111511. 4)		
									<u> </u>	7	`	(D)	1 1100	(Instr. 3	and 4)				
Common Stock 12/30			0/2023	3			M		21	7	A	(1)	4,611 D			D			
		T	able II -	Deriva	ative S	Secu	rities	Aca	uired.	Dist	osed o	f. or	Bene	ficially	Owned				
											convert								
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Sec Und Deri	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title		Amount or Number of Shares					
Restricted Stock Unit	\$0	12/30/2023			М		217		(1)		01/31/2024		nmon	217	\$0	0		D	
		1	1			1				- 1		1 20			I	1			1

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.