FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	OMB APPROV			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	32		

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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours per response:	0.5									

	e instructi																				
Name and Address of Reporting Person* Colwell Michael C.					2. Issuer Name and Ticker or Trading Symbol KADANT INC [KAI]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
COIWEII MICHAELC.								-	-					Direc			10% O				
															1	Office below	er (give title		Other (: below)	specify	
(Last)		3. Date of Earliest Transaction (Month/Day/Year)									DEIOV	,		,							
KADANT INC.						111/1	11/12/2024								Vice President						
ONE TE	CHNOI	റദ	Y PARK DRIV	E																	
ONE IE	CHINOL	JU	I TAKK DKIV	L		4. If Amendment, Date of Original Filed (Month/Day/Year)									6 Individual or Joint/Croup Filing (Chook Applicable						
(Ctroot)						4. " /	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	OD D	N T A	0	1886											1	Form	filed by One	e Repo	orting Pers	on	
WESTFO	JKD	MA	. 0	1880												Form filed by More than One Reporting					
																Perso	on .		·	-	
(City)		(Stat	e) (Z	<u>Z</u> ip)																	
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			Table	1 - 140			Jecui	illes	ACC	luireu	, DIS	poseu oi	, OI E	ene	liciali	Own	eu				
1. Title of S	Security (Instr.	. 3)		2. Transact Date	on 2A. Deemed Execution Date.				3. 4. Securities Acquired (A) Transaction Disposed Of (D) (Instr. 3, 4									7. Nature of Indirect		
					(Month/Day	/Year) if any			Code (Instr. 5)			isti. 3,	Bene		icially (D)) or Indirect	Beneficial			
					(Month		th/Day/Year)		8)						Owned Report) (Instr. 4)	Ownership (Instr. 4)		
										Code	v	Amount	(A) o	r _{Pri}	ice	Transaction(s) (Instr. 3 and 4)				`	
													(0)	_		(instr.	anu 4)				
Common	Stock				11/12/2	2024				S		497	D	\$3	396.56	6 2,148			D		
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			101)ie ii -								convertib				OWITE	4				
1. Title of	2.	T	3. Transaction	3A. De		4.			ımber				_		-	Price of	9. Number	of /	10.	11. Nature	
Derivative	Conversi	on 🗀	Date	Execut	tion Date,	Transa	action of			Expiration Date			7. Title and Amount of		De	rivative	derivative		Ownership	of Indirect	
	Security (Instr. 3) or Exercise (Month/Day/Year) if any (Month/Day/Year) Derivative (Month/Day/Year)			n/Day/Year)	Code (Derivative Securities Acquired		(Month/Day/Year) Securities Underlying Derivative					curity str. 5)	Securities Beneficially		Form: Direct (D)	Beneficial Ownership		
("Duy" rour,	٥,								ative	Ι,	Owned		or Indirect	or Indirect	(Instr. 4)		
Security			(A) or Disposed				Security (Ins				itr.		Following Reported		(I) (Instr. 4)						
					of (D)					o una 4,				Transaction(s							
				(Instr. 3, 4 and 5)									(Instr. 4)								
									Ť.	 				Amou	unt						
														or							
										Date		Expiration		Numb of	per						
							Code V (A) (D)							Title Shares							

Explanation of Responses:

Remarks:

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

11/13/2024

** 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.