SEC Form 4	1
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## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number: 3235-02											
Estimated average burden											
hours per response	0.5										

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* PAINTER JONATHAN W					er Name <b>and</b> Ticke DANT INC		ding S	ymbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
PAINTER	JUNATHA						X	Director	10% (	Owner					
(Last)	(First)	(Middle)	3. Date 06/01	e of Earliest Transa /2024	iction (M	onth/[	Day/Year)		Officer (give title below)	Other below	(specify /)				
KADANT INC. ONE TECHNOLOGY PARK DRIVE					nendment, Date of	Original	Filed	(Month/Day/	6. Inc Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
									X	X Form filed by One Reporting Pers					
(Street) WESTFORD MA 01886										Form filed by More than One Reporting Person					
,		ule 10b5-1(c) Transaction Indication													
(City)	(State)														
		(Zip)	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.												
		Table I - No	n-Deriv	vative S	ecurities Acq	uired,	Disp	oosed of,	or Ben	eficially	/ Owned				
1. Title of Security (Instr. 3) Date (Month/D				action Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Sto	ck	1/2024		М		303	Α	(1)	7,918	D					
Common Stock											3	Ι	By Son		
		Table II -			curities Acqu						Owned				
			(e.g., p	outs, ca	lls, warrants,	optior	ıs, c	onvertible	e secur	ities)					

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Unit	\$ <mark>0</mark>	06/01/2024		М			303	(1)	01/31/2025	Common Stock	303	\$0	303	D	

Explanation of Responses:

1. Represents partial vesting of a restricted stock unit award on June 1, 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 in two installments on the last day of each of the Issuer's third and fourth quarters of fiscal 2024 provided the recipient continues to serve as a director of the Issuer.

<u>/s/ Stacy D. Krause, by power</u> <u>of attorney</u> <u>06/02</u>

06/03/2024

\*\* 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.