Edgar Filing: KADANT INC - Form 4

KADANT IN	IC											
Form 4												
January 03, 2	.017											
FORM	4		CECUD	TTIES		EVO	(TT A 8		COMMERCION	r	PPROVAL	
	UNIII	ED STATE		hington				NGE	COMMISSION	OMB Number:	3235-0287	
Check this box							Expires:	January 31,				
subject to	if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF						NERSHIP OF	Estimated	2005 average			
Section 10	Section 16. SECURITIES								burden hours per			
Form 4 or Form 5			~		. ~		-			response	0.5	
obligation		-							ge Act of 1934,			
may conti <i>See</i> Instru 1(b).	inue. Section) of the Inv						f 1935 or Sectio 40	'n		
(Print or Type R	lesponses)											
LEONARD THOMAS C Symbol				suer Name and Ticker or Trading ol DANT INC [KAI]				g	5. Relationship of Reporting Person(s) to Issuer			
				3. Date of Earliest Transaction					(Check all applicable)			
(Last)	(First)	(Middle)			ransaci	tion			X Director	100	6 Owner	
				(Month/Day/Year) 12/31/2016					Officer (give titleOther (specify			
	OGY PARK I	DRIVE	12/31/20	510					below)	below)		
	(Street)		4 If Amer	ndment F)ate Ori	oinal			6 Individual or I	oint/Group Fili	ng(Check	
Filed(Mon				Amendment, Date Original (Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
WESTFORI	D, MA 01886	l .							Person	lore than one re	epoteng	
(City)	(State)	(Zip)	Table	e I - Non-	Deriva	tive S	ecuri	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	ear) Executi any	emed ion Date, if /Day/Year)	3. Transac Code (Instr. 8	tionAcc Dis) (Ins	posed str. 3, 4	(A) o of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/31/2016			M	1,2		A	<u>(1)</u>	18,750	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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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. Transacti Code (Instr. 8)	5. Number out 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 Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Restricted Stock Unit	\$ 0	12/31/2016		М	$1,250$ $\underbrace{^{(1)}}_{(1)}$	<u>(1)</u>	01/31/2017(1)	Common Stock	1,250 (1)

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
LEONARD THOMAS C KADANT INC. ONE TECHNOLOGY PARK DRIVE WESTFORD, MA 01886	Х						
Signatures							
by Melodie T. Morin for Thomas C. Leonard		01/03/2017	7				
**Signature of Reporting Person		Date					

Explanation of Responses:

- * 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).
- (1) Represents partial vesting of restricted stock unit award on 12/31/2016 and delivery of shares to the reporting person pursuant to the terms of a restricted stock unit award agreement dated 03/09/2016.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.