## Edgar Filing: KADANT INC - Form 4

KADANT I	NC										
Form 4											
October 21,	2013										
FORM	ΠΔ								OMB AF	PROVAL	
	UNITE	D STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th									Expires:	January 31,	
if no lon subject t		EMENT O	F CHAN			ERSHIP OF	Estimated a	2005 average			
Section	16.			SECUR	burden hours per						
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obligatio							•	Act of 1934,			
may con	tinue. Section 1			ivestment	•	-	•	1935 or Section	1		
See Instr 1(b).	ruction	50(II)		ivestillent	Compa	IY AC	1 01 1940	0			
1(0).											
(Print or Type	Responses)										
1 Name and	Address of Penortir	ng Derson *	<b>.</b> .		L TT: 1			5 Palationship of	Paparting Dars	on(s) to	
				2. Issuer Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
021112111	Symbol KADANT INC [KAI]										
(I+)	( <b>F</b> irst)			-	-			(Checl	k all applicable	)	
(Last)	(First)	(Middle)		f Earliest Tr Day/Year)	ansaction			Director	10%	Owner	
ONE TECH	10/18/2	-				XOfficer (give title Other (specify					
DRIVE			10/10/2	010				below) CFO, EXECUT	below)	FSIDENT	
	(Street)		4 TE A	- Jacob Da		1		,			
	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)					
			Theu(Mo	iitii/Day/1Cai	)			_X_ Form filed by C			
WESTFOR	D, MA 01886							Form filed by M Person	ore than One Reg	porting	
(City)	(State)	(Zip)									
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative	Secu	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned	
1.Title of	2. Transaction Da			3.	4. Securi			5. Amount of	6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Yea	r) Executio any	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)					Securities Beneficially	Ownership Form: Direct	Indirect Beneficial	
(11154110)		-						Owned	Owned (D) or Owned		
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Codo V	Amount	or	Drigo	(Instr. 3 and 4)			
				Code V	Amount	(D)	Price \$				
Common	10/18/2013			<b>S</b> (1)	4,000	D	ф 34.993	16,107	D		
Stock					,		(2)	-,			

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. Transact Code (Instr. 8)	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	5	Date	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code 1	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
FB	Director	10% Owner	Officer	Other		
OBRIEN THOMAS M ONE TECHNOLOGY PARK DRIVE WESTFORD, MA 01886			CFO, EXECUTIVE VICE PRESIDENT			
Signatures						
by Sandra L. Lambert for Thomas M. O'Brien		10/21/20	13			
**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) The transaction reported on this Form 4 was executed pursuant to a Rule 10b-5-1 Trading Plan adopted June 3, 2013.

Represents the weighted average sale price. The actual sales prices range from \$34.99 to \$35.0001 per share. The reporting person will(2) supply the SEC, the issuer, or a security holder of the issuer, with full information regarding the number of shares at each separate price upon request.

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.