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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

		00540
Vashington,	D.C.	20549

Check this box if no longer subject	
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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 at WARZ		2. Issuer Name and Ticker or Trading Symbol ALLIENT INC [ALNT]									neck all app	blicable) etor	ng Person(s) to Is		wner					
(Last) ALLIEN	(Fi	rst) (f	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/05/2024									A belov	ficer (give title Other (specifical) Chief Executive Officer			sреспу 	
495 COMMERCE DRIVE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) AMHERST NY 14228															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Inc							on	7						
						Check t satisfy t	his box he affiri	to indic	cate that a	a trans	saction was mons of Rule 10	ade pu 0b5-1(d	ırsuan c). See	t to a co	ontract, instr ction 10.	uction or writ	ten plan	that is inter	nded to	
		Table	I - No	n-Deriva	ative S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally Own	ed				
Da			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				d Securi Benefi Owned	eficially ned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A (D) or	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common	Stock			03/05/	2024				A		17,680(1)	A	\$30	\$30 1,532,475 D					
Common	Stock			03/05/	2024				A		17,680(2)	A	\$30	1,5	1,550,155 D				
Common	Stock			03/05/	2024				A		35,744(3)	A	\$30	1,5	85,899]	D		
Common	Stock														25,383 I			I	By ESOP Trust	
		Tal	ble II -								osed of, convertib					d				
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year)						Transaction Code (Instr.		vative rities rired r osed) r. 3, 4	6. Date Expirati (Month/	ion Da			f 9	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly O Fo O (I)	0. Ownership orm: Direct (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount mber ares						

Explanation of Responses:

- 1. Grant of time-based restricted shares pursuant to the Company's 2017 Omnibus Incentive Plan. These restricted shares vest one-third each on April 1, 2025, 2026 and 2027.
- 2. Grant of performance-based restricted shares pursuant to the Company's 2017 Omnibus Incentive Plan. All or a portion of these restricted shares will vest over a three-year period upon the satisfaction of certain performance goals established by the Compensation Committee for the year ending December 31, 2024
- 3. Grant of restricted shares pursuant to the Company's 2017 Omnibus Incentive Plan upon the satisfaction of the performance goals previously established by the Compensation Committee in connection with the Company's Long-Term Incentive Plan. These restricted shares vest over a two-year period.

/s/ Michael C. Donlon. Attorney-in-Fact for Richard 03/07/2024

S. Warzala

** 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.