FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
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	OMB APPROVAL													
	OMB Number:	: 3235-0												
- 1														

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 10b5Filed 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 respon	ise: 0.5							

1(0). 5	ee Instruction 1	10.																	
1. Name and Address of Reporting Person* Finch Steven C.				2. Issuer Name <b>and</b> Ticker or Trading Symbol ALLIENT INC [ ALNT ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Finens	<u>sieven C.</u>									,				1	Direc	tor		10% O	wner
(Last)	(Fi	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/06/2024								Office	er (give title v)		Other (below)	specify		
495 CON	MMERCE I	ORIVE			4 15	4 KAnnandurat Data of Original Filed (Marth / D. 24)								C. Individual on Inint/Crown Filling (Chool: Applicable					
					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														1	Form	filed by On	e Rep	orting Pers	on
AMHER ———	ST N	Y 1	4228												Form Perso		re tha	n One Rep	orting
(City)	(St	ate) (2	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Al Disposed Of (D 5)					, 4 and Secur Benef		rities F eficially (I ed Following (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	t (A) or P		e	Transaction(s) (Instr. 3 and 4)				(instr. 4)
Common	Stock			11/06/	2024				<b>A</b> <sup>(1)</sup>		1,178	A	\$1	3.78	9	,551		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price Derivativ Security (Instr. 5)		ivative derivative urity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficia Ownershi (Instr. 4)			
		Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	1								

## **Explanation of Responses:**

1. Grant of quarterly retainer shares pursuant to the Company's Non-Employee Director Compensation Policy under the 2017 Omnibus Incentive Plan.

Michael C. Donlon, attorneyin-fact for Steven C. Finch

11/08/2024

\*\* Signature of Reporting Person

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.