FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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Estimated average burden								
hours per response:	0.5							

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

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 aff

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*						2. Issuer Name and Ticker or Trading Symbol Seneca Foods Corp [SENEA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Ide Gregory R									-1- L		,				Direct			10% O			
																r (give title		Other (specify		
(Last)	(First	t) (N	(liddle)		3. Dat	Date of Earliest Transaction (Month/Day/Year)									below	,		below)			
C/O SENECA FOODS CORPORATION						08/09/2023									VP, Controller/Assit.Secretary						
350 WILLOWBROOK OFFICE PARK					1 15 4																
,					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)						
(Street)																X Form filed by One Reporting Person					
FAIRPORT	' NY	14	4450													, , ,					
					, [Form filed by More than One Reporting Person					
(City)	(Stat	e) (Z	ip)																		
		Tabl	e I - Noi	n-Deriv	ative	Sec	uritie	s Acq	uired, D	isp	osed o	f, or E	Bene	ficiall	y Owned	I					
1. Title of Security (Instr. 3) 2. Transc Date (Month/D					Day/Year) if		A. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispo		Disposed	curities Acquired (A) osed Of (D) (Instr. 3,			Benefic	ties Fo cially (D I Following (I)		6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (A		A) or))	Price	Transac (Instr. 3	ction(s)			(Instr. 4)			
Seneca Foods Class A Common 08/09									A		608		A	\$0 ⁽¹)	608		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
			(e.g., p	uts, ca	ilis,	warra	ants, e	options,	СО	nvertib	ie sec	uriti	es)							
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				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)		str. 3	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	or Nu of	ımber							

Explanation of Responses:

1. Award of restricted stock pursuant to the Company's 2007 Equity Incentive Plan, which was originally approved by the shareholders of the Company on August 10, 2007 and amended and extended July 2017. No price was paid by the reporting person in connection with this award of shares of restricted stock which vests 25% per year over the next four years.

/s/ Gregory R. Ide

** Signature of Reporting Person

08/11/2023

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.