FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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).

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

## 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

defense	d to satisfy the conditions of e Instruction 1	Rule 10b5-																	
1. Name and Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol Seneca Foods Corp [SENEA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Ide Gregory R				Seneral rooms Corp [ SEREAL]								Director				10% Owner			
(Last) (First) (Middle) C/O SENECA FOODS CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 08/07/2025						X Officer (give title below)					Other (specify below)			
350 WILLOWBROOK OFFICE PARK											Controller/Asst.Secretary								
(Street) FAIRPO	RT N	Y 1	4450		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)							
(City)	(St	ate) (Z	Ľip)	,	X Form filed by One Reporting Person Form filed by More than One Reporting Person														
		Table	l - Nor	n-Deriva	tive S	ecur	ities	Acq	uired, l	Disp	osed of	, or l	Bene	ficia	lly Owr	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)					Execution (Execution ay/Year)		ution Date,		Transaction Disposed Code (Instr. and 5)		ties Acquired (A d Of (D) (Instr. 3			5. Amo Securi Benefi Owned Follow	ties cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (D	) or )	rice	Report Transa (Instr.	rted saction(s) . 3 and 4)			`
Seneca Foods Class A Common 08/07/2					2025			A		243	,	А	<b>\$</b> 0 <sup>(1)</sup>	) <sup>(1)</sup> 1,281			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)	Derivative Conversion Date Execution Date, Security 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)		S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er					

## **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

08/11/2025

\*\* 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.