FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO |
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| OMB Number: | 3235-0287 |
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| Estimated average burden | |
| hours per response: | 0.5 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 | | | 2. Issuer Name and Ticker or Trading Symbol Cadre Holdings, Inc. [CDRE] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|------------------------|------------------|----------|--|---|----------------------------|----------|-----------------------|--|--|--|--|--|
| KANDERS WARREN B | | | | X | Director | X | 10% Owner | | | | | |
| (Last) (First) | | (Middle) | | X | Officer (give title below) | | Other (specify below) | | | | | |
| C/O KANDERS & | ` ' | (| 3. Date of Earliest Transaction (Month/Day/Year) | | CEO AND O | CHAIR | MAN | | | | | |
| | | | 02/16/2022 | | | | | | | | | |
| 250 ROYAL PALN | 4 WAY, SUITE 201 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | dual or Joint/Group Fil | ng (Che | ck Applicable Line) | | | | | |
| PALM BEACH | FL | 33480 | | X | Form filed by One R | eporting | Person | | | | | |
| | | | | | Form filed by More t | han One | Reporting Person | | | | | |
| (City) (State) (Zip) | | (Zip) | | | ŕ | | · - | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution Date, | 3. Transac Code (Ir 8) | | 4. Securities Ac Disposed Of (D | | | Securities Beneficially Owned | Form: Direct (D) or Indirect (I) (Instr. 4) | Form: Direct (D) I or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|-----------------|---------------------------------|---|------------------------------------|---------------|-------|----------------------------------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | 3 and 4) | | (111501.4) | | |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | 4. Transac Code (li 8) | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
|---|---|--|--------|---------------------------------|---|------------|-----|--|--------------------|--|----------------------------------|---|--|--|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Reported Transaction(s) (Instr. 4) | | |
| Common Stock, par value \$0.0001 per share ("Common Stock") | (1) | 02/16/2022 | | A | | 2,000,000 | | (1) | 11/08/2031 | Common Stock | 2,000,000 | \$0 | 2,000,000 | D | |

Explanation of Responses:

1. Comprised of a restricted stock award granted under the Issuer's 2021 Stock Incentive Plan (the "Plan") consisting of 2,000,000 restricted shares of Common Stock all of which will vest if on or before November 8, 2031, the Fair Market Value (as defined in the Plan) of the Common Stock shall have equaled or exceeded \$40.00 per share for twenty consecutive trading days.

/s/ Warren B. Kanders

02/18/2022

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).