SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	nd Address of Repo I <mark>S Robert Fra</mark>	•	2. Date of Event Requiring Stater (Month/Day/Yea	nent (3. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF]				
(Street)	(First) PIN ROAD GTON MA (State)	(Middle) 01887 (Zip)	07/07/2005 	4	4. Relationship of Reporting Per Check all applicable) X Director Officer (give title below)	son(s) to Issu 10% Own Other (spe below)	er 6. In	hth/Day/Year) dividual or Joir licable Line) Form filed b Person	Date of Original Filed nt/Group Filing (Check by One Reporting by More than One Person
			Table I - Non	-Derivativ	ve Securities Beneficial	y Owned			
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		ature of Indirect Beneficial Ownership tr. 5)	
No securities owned					0	D			
					Securities Beneficially nts, options, convertible		s)		
E			2. Date Exerc Expiration Da (Month/Day/Y	te	3. Title and Amount of Secur Underlying Derivative Secur 4)		4. Conversion or	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Robert Collings, by power of 07/29/2005

attorney

** 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 5 (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.