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).

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* <u>Katz David Martin</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF] | | | | | | | | | lationship o ck all applic Directo | , | | | | |
|---|--|--------------------------|--|---|--------|--------------------------------|---|-------|---|---|--|--|--|----------------|---|--|--|---------------------|--|---------------------------------------|--|
| (Last) | , | First) | (M | liddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2017 | | | | | | | | X | below) | Officer (give title elow) Senior VP Sales ar | | Other (specify below) and Marketing | | |
| (Street) WILMINGTON MA 01887 | | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | n | |
| (City) | (| State | e) (Z | ip) | | | | | | | | | | | | Person | | e tnan | One Repoi | ting | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Exe if an | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | Code | v | Amount | | | (A) (D) | r P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | |
| Common Stock | | | | | 12/18/ | 12/18/2017 | | | | M | | 2,667 | A | - | 69.05 | 2,667 | | D | | | |
| Common Stock 12/18 | | | | | 2017 | | | | D | | 1,607 | D | \$ | 167.95 | 1,0 | 1,060 | | D | | | |
| Common S | tock | | | | 12/18/ | 2017 | | | | S | | 1,060(1) | D | \$ | \$168.15 0 D | | | | | | |
| | | | Та | ıble II - | | | | | | | | osed of, convertib | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversi or Exerci Price of Derivativ Security | sion cise f ive | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/I | | 4. Transac Code (I 8) | | on of | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | | 3. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | (A) | | Date Exercisa | able | Expiration Date | Title | or Nu of | ımber | | | | | | |
| Stock Appreciation Right | \$69.05 | | 12/18/2017 | | | M | | | 2,667 | 10/22/20 | 017 | 10/23/2022 | Commo Stock (\$0.10 par | | ,667 | \$0 | 5,333 | 3 | D | | |

Explanation of Responses:

1. Represents shares sold pursuant to a Rule 10b5-1 sales plan.

Remarks:

/s/ David Whitman, Attorney-

12/18/2017

in-Fact

** 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.