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* DIFILLIPPO DAVID A | | | | | | 1 | 2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|--|--------------------|--|---------|-----------------------------------|----------------------------------|---|-------------------|------------------------------------|--|---|------------------|---|-----------------------------|--|---|---|---|---|-------------------------|--|
| (Last) | | (First | :) (N | liddle) | | 10/26 | 3. Date of Earliest Transaction (Month/Day/Year) $10/26/2015$ | | | | | | | | | X Office below | Officer (give title below) Senior VP of | | Other (specify below) Operations | | |
| (Street) WILMING | ILMINGTON MA 01887 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | Transaction Dispo | | | eurities Acquired (. sed Of (D) (Instr. 3) | | | Securit Benefic Owned | ies cially | Forn (D) o Indi | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (mstr. 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. Conversi or Exerci Price of Derivativ Security | sion cise ve | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transact Code (In 8) | | | er ative ities red sed | 6. Date Exe Expiration (Month/Da | Date | • | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | | Code | v | (A) | | Date Exercisabl | | xpiration ate | Title | or | ount mber ares | | | | | | |
| Stock Appreciation Right ⁽¹⁾ | \$104.6 | 7 | 10/26/2015 | | | A | | 4,000 | | 10/26/2020 | 10 | 0/26/2025 | Commor Stock (\$0.10 par value) | | 000 | \$0 | 4,000 | | D | | |

Explanation of Responses:

1. This stock appreciation right becomes fully vested and exercisable on the fifth anniversary of the grant date (10/26/2020) and must be settled in stock at the time of exercise.

/s/ David Whitman, Attorneyin-Fact 11/03/2015

** 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.