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

CROAT	1. Name and Address of Reporting Person* CROATTI CYNTHIA (Last) (First) (Middle) 68 JONSPIN ROAD						Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF] Date of Earliest Transaction (Month/Day/Year) 08/04/2005										all app Direct Office belov Ex	er (give title w) xecutive VP		X 10% C Other below)	Owner (specify	
(Street) WILMING (City)		MA State)		1887 iip)		4. II A	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine)	Form	dual or Joint/Group Filing (Check Applicable 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. Transac Date (Month/Date)							Execution Date,			3. Transact Code (In 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)				3, 4 Secu		cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		, <i>,</i>		(,						
Common S													2,740			I	By 401(k)					
Common Stock 08/04/2										S		200		D	\$44		191,234		$\mathbf{I}^{(1)}$		By Trusts and LLC	
Common S											31,500			D								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	n Date	saction n/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (II 8)	e (Instr. Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5		rative rities ired r osed)	6. Date Ex Expiration (Month/Date Date Exercisab	e var)	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		ount nber	Sec (Ins	rice ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. The reporting person is a trustee of the Marie Croatti QTIP Trust and a Director and minority owner of the general partner of The Croatti Family Limited Partnership, which are the direct owners of 2,600,000 shares each of Class B Common Stock. The reporting person is the manager of a limited liability company, Trilogy Investment Partners LLC, and a trustee for the following trusts, that, as of the date of filing this report, combined directly own the remainder of the reported securities: The Samuel E. Brown Gallo Trust - 1989, The Nicholas C. Brown Gallo Trust - 1989, the Monica Levenstein Gallo Trust - 1989. The reporting person disclaims beneficial ownership of the reported securities, except to the extent of her pecuniary interest therein, and this report shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or any other purpose.

<u>Cynthia Croatti, by power of attorney</u>

08/05/2005

** 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.