Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	e: 0.5									

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

Name and Address of Reporting Person*     O'Connor Shane					2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [ UNF ]									Check	all app	,	ng Per	10% O	
						3. Date of Earliest Transaction (Month/Day/Year) 10/31/2022								X	belov			below)	
(Street) WILMINGTON MA 01887 (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)				4 and Securi Benefi		cially I Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) o (D)	r Price	!	Transa	saction(s) : 3 and 4)			(11150: 4)	
Common	Stock			10/31/2	2022			F		430(1)	D	D \$184.01		3,471 <sup>(2)</sup>			D		
	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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		Code ( 8)	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amour or Numbe of		t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- 1. Represents shares of Common Stock withheld by UniFirst Corporation to satisfy certain tax withholding obligations in connection with the vesting of certain restricted stock units.
- 2. Consists of 211 restricted stock units that vest in one remaining annual installment on January 2, 2023, 247 restricted stock units that vest in one remaining annual installment on October 31, 2023, 388 restricted stock units that vest in two remaining equal annual installments on October 31, 2023 and October 31, 2024, 702 restricted stock units that vest in three remaining equal annual installments on October 31, 2023, October 31, 2024 and October 31, 2025, 1,344 restricted stock units that vest in four remaining equal annual installments on October 31, 2023, October 31, 2024, October 31, 2024, October 31, 2025, and October 31, 2025, and October 31, 2025, and October 31, 2024, October 31, 2024, October 31, 2025, and Octo October 31, 2026 and 579 shares of Common Stock owned by the reporting person.

## Remarks:

/s/ Steven S. Sintros, Attorney-in-Fact

11/02/2022

Date

\*\* Signature of Reporting Person

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.