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*  CROATTI CYNTHIA  (Last) (First) (Middle)  68 JONSPIN ROAD						UNI 3. Dat	2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [ UNF ]  3. Date of Earliest Transaction (Month/Day/Year) 11/01/2005										all app Direct Offict below	er (give title	X	10% C Other below)	wner (specify
(Street) WILMINGTON MA 01887 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)										ividual 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. Transacti Date (Month/Day/						//Year)	Execution Date,			3. Transact Code (In 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)				3, 4 Secui		icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount		(A) or (D)	Pric	e	Reported Transaction(s) (Instr. 3 and 4)		, ,		, ,		
Common													2,923		I	By 401(k)					
Common	005	005			S		300		D	\$3	34.16 1		186,334		<b>I</b> <sup>(1)</sup>	By Trusts and LLC					
Common Stock																11,500			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)	2. Conversi or Exerci Price of Derivative Security	on se	3. Transaction Date (Month/Day/Year)	Execution Date, h/Day/Year) if any			ransaction ode (Instr.   1		mber rative rities ired r osed ) . 3, 4 i)	6. Date E Expiratio (Month/D	n Da	ear) Expiration	Amount of Securities Underlying Derivative Security (Inst 3 and 4)  Amou or Numb of		nstr.			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	O F D o (I	0. Ownership orm: Direct (D) or Indirect I) (Instr. )	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 and 2,483,750 shares of Class B Common Stock, respectively. 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 and the Lisa 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

Cynthia Croatti, by power of attorney

11/02/2005

\*\* 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.