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* CAMILLI KATHLEEN M | | | | | 2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF] | | | | | | | (Chec | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|--|------------|------------|---|---|---|--|--|---|------------------|---|---|---|--|--|--|-------------------------|--|--|
| (Last) | (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2014 | | | | | | | | Officer (g below) | (give title | | Other (specify below) | | |
| 68 JONSPIN ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WILMINGTON MA 01887 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | | | | | | | | | | | | | | | | | | | |
| 4 774 60 | 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 Disposed Code (Instr. and 5) | | es Acquired (A) or Of (D) (Instr. 3, 4 | | 5. Amount of Securities Beneficially Owned Following | | 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 (Instr. 3 as | on(s) | (IIIsu. | 4) | msu. 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) | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) | | on Number I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numb derivati Securiti Benefici Owned Followi Reporte Transac (Instr. 4 | ve les ially ng ed ction(s) | 10. Ownersh Form: Direct (D or Indire (I) (Instr. 4) | Beneficial Ownership | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | or lumber If | | | | | | |
| Stock Appreciation Right ⁽¹⁾ | \$111.68 | 01/17/2014 | | | A | | 940 | | 01/17/2014 ⁽ | 0 | 1/17/2022 ⁽¹⁾ | Common Stock (\$0.10 par value) | 940 | \$0 | 94 | 40 | D | | |

Explanation of Responses:

1. This stock appreciation right is exercisable in full on the grant date (1/17/2014) and must be settled in stock at the time of exercise. This grant has an expiration date of the earlier of January 17, 2022 or the second anniversary of the date that the grantee ceases to be a member of the Board of Directors.

/s/ David Whitman, Attorney- 01/21/2014 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.