FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	
Section 16. Form 4 or Form 5	
bligations may continue. See	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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* Sintros Steven S						2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Sintros	Steven S				= -				L	,				X	Direc	tor		10% Ov	vner	
(Last)	(Fir	st) (N	Date of Earliest Transaction (Month/Day/Year)									X	Office belov	er (give title v)		Other (s	specify			
C/O UNIFIRST CORP						10/29/2021									President and			EO		
68 JONS																				
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable										
(Street)	ICTON M		1007												Line) X Form filed by One Reporting Person					
WILMIN	NGTON MA	4 0	1887											Form filed by More than One Reporting						
(City)												Perso	on							
(0.9)	(0	, ,			<u> </u>															
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benefic	ially	Own	ed ———				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execu if any	Deemed ution Date, / th/Day/Year)		3. 4. Securitie: Disposed O Code (Instr. 8) 5,						5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
				Code	v			Amount	(A) o (D)	r Price		Transa	oorted nsaction(s) str. 3 and 4)			(Instr. 4)				
Common Stock 10/29/20					2021				F		309(1)	D	\$19	7.96	96 16,401 ⁽²⁾		Г			
		Tal	ole II -	- Derivati	ive Se	curit	ties A	Acqu	ired,	Disp	osed of,	or Be	neficia	ally (Owne	d				
				(e.g., pu	ıts, ca	alls, v	varra	ants,	optio	ns, c	convertib	le se	curitie	s) ์						
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of	r osed (, 3, 4	Expiration De (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow Fo Dir or (I)	vnership rm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. Represents shares of Common Stock withheld by UniFirst Corporation to satisfy certain tax withholding obligations in connection with the exercise of stock appreciation rights.
- 2. Consists of (i) 7,315 shares of Common Stock owned by the reporting person, (ii) 2,566 restricted stock units that will vest in three remaining equal annual installments on November 27, 2021, November 27, 2022, and November 27, 2023,(iii) 1,210 restricted stock units that will vest in two remaining equal annual installments on December 14, 2021 and December 14, 2022, (iv) 2,088 restricted stock units that will vest in three remaining equal annual installments on October 29, 2023 and October 29, 2024 and (v) 3,222 restricted stock units that will vest in five equal annual installments on November 19, 2021, November 19, 2022, November 19, 2023, November 19, 2024 and November 19, 2025.

Remarks:

/s/ Steven S. Sintros

11/01/2021

** 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.