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 an | <u>UNI</u> | 2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF] | | | | | | | | | | iship of Rep applicable) irector | orting | | n(s) to Issuer | | | | | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------|--------------------------------|-----------------|-------------------------------------------------------------|---------|-----------------------------------------|--------------------------------------------------------------|--------------------|------------------------------------------------|------------------------------------------------------------------------------------------|----------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2004 | | | | | | | | | | Officer (give title below) | | | ner (specify ow) | |
| (Street) WILMINGTON MA 01887 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | i. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | | | <u>rip)</u> | | | | | | | | | | | | | erson | Wore | than One | Reporting | |
| | | Tabl | e I - No | on-Deriv | ative S | Secu | ırities | s Acq | uired, | Disp | osed of | f, or | Bene | eficia | lly Ov | vned | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 | | | | | | 6. Ownersh Form: Dired (D) or Indirect (I) (Instr. 4) | of Indirect Beneficia Ownershi | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (I) | () or () | Price | Re Tr | ported ansaction(s) str. 3 and 4 | orted saction(s) | | (111341. 4) | |
| Common | 004 | | S | | 400 | | D \$29 | | .6 | 12,542 | | 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) | erivative Conversion Date Executive or Exercise (Month/Day/Year) if any | | | emed on Date, /Day/Year) | Code (I | ransaction ode (Instr. | | mber ative rities ired sed | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | | d 7. Title and Amount of Securities Underlying Derivative Security (Insti | | | 8. Price of Derivat Securit (Instr. ! | derivati ve Securiti Benefic | ve es ially ng ed ction(s | Ownership Form: Direct (D) or Indirect (I) (Instr. | of Indirect Beneficia Ownershi ect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or | ount mber ires | | | | | | | |

Explanation of Responses:

Marie Croatti, Executrix, by

08/23/2004

** 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.