FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	, D.C. 20549

inaton	D.C	20549		
iligion,	D.C.	20049		

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average bu	urden
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

. ,	nd Address of	Reporting Person*							er or Tra		Symbol				elationship	o of Reportin	ng Pers	on(s) to Is	suer	
Rooney Kelly C.			UNIFIRST CORP [UNF]							T (CIR	Direc	,		10% Ov	vner					
															Office below	er (give title		Other (s	specify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024									Executive VP and COO		,				
	FIRST CO				09/30/2024															
68 JONSPIN ROAD				4. If Amendment, Date of Original Filed (Month/Day/Year)							6 15	6. Individual or Joint/Group Filing (Check Applicable								
(Street)					4. 11 /	Amena	ment,	Date o	Origina	ai Filed	ı (Monun/Da	y/ rear)	Line		JoinvGrou	priiiig	(Check A	pplicable	
	IGTON MA	A 0	1887											8		filed by On		•		
															Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Execution Date,		3. Transaction Disposed Of (D) (Instr. 8)				Benefic Owned	ties cially Following	6. Owr Form: (D) or (I) (Ins	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership							
						Code	v	Amount	ınt (A) or (D)		Price	Transa	eported ransaction(s) nstr. 3 and 4)			(Instr. 4)				
Common Stock 09/30/2				2024			Α		5,790(1)	1	A \$0		5,790(2)]	D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of	2.	3. Transaction			4.		_							_	3. Price of	9. Number	of 1	n	11. Nature	
Derivative Security (Instr. 3)	rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		on Date,	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)			Derivative Security Instr. 5)	derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4		of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	nber						

Explanation of Responses:

- 1. Represents restricted stock units granted under the UniFirst Corporation 2023 Stock Option and Incentive Plan. Such restricted stock units vest in 4,531 shares on September 30, 2025 and remainder on September 30, 2026.
- 2. Consists of 4,531 restricted stock units that vest on September 30, 2025, and 1,259 restricted stock units that vest on September 30, 2026 owned by the reporting person.

/s/ John Dowd, Attorney-in-

10/02/2024

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.