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

Name and Address of Reporting Person*     CROATTI CYNTHIA							2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF]										Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner						
(Last) 68 JONSP	`	irst)		3. Date of Earliest Transaction (Month/Day/Year) 01/10/2005									X	belov	er (give title w) xecutive V	Р &	below)						
(Street) WILMINGTON MA 01887 (City) (State) (Zip)						4. If Ar	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivine)	vidual 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. Transactic Date (Month/Day/						Execution Date,							ties Acquired (A) or I Of (D) (Instr. 3, 4				5. Amount of Securities Beneficially Owned Following		Ownership om: Direct or irect (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	(A) or (D)		Price	,	Reported Transaction(s) (Instr. 3 and 4)		(30. 4)		(111501. 4)						
Common S											2,740			I	By 401(k)								
Common S	005				S		200		D	\$34.73		200,934			<b>I</b> (1)	By Trusts and LLC							
Common S												7	1,500		D								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			if any	tion Date,	4. Transaci Code (In 8)		5. Nu of Deriv Secui Acqu (A) or Dispo of (D) (Instrand 5	rities ired r osed . 3, 4	6. Date Exercisable an Expiration Date (Month/Day/Year)  Date Exercisable Date			Amount of Securities Underlying Derivative Security (Instr 3 and 4)			unt per		9. Number of derivative ee Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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 each of Class B Common Stock. 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, the Monica Levenstein 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 purpose.

<u>Cynthia Croatti, by power of attorney</u>

01/11/2005

\*\* 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.