FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
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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

(Last) (First) (Middle) 05/17/2005 below) belowi	1. Name and Address of Reporting Person [*] ESTATE OF ALDO A CROATTI						2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [UNF]									5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director X 10% Own				
(Street) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line) (Street) WILMINGTON MA 01887 5. Moment of Date (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line) (City) (State) (Zip) 5. Amount of Date (Month/Day/Year) 6. Ownership Form: Direct Code (Instr. 3, 4 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Amount of Date (Month/Day/Year) 5. Amount of Date (Instr. 3, 4 6. Ownership Form: Direct Code (Instr. 8) Common Stock / \$.10 par value 05/17/2005 S 4.00 D \$35.78 26,805 D 1. Title of Security (Instr. 3) 3. Transaction Date (Instr. 3, 4) 3. Transaction Code (Instr. 4) Socurities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Amount of Security (Instr. 3, 4) 6. Ownership Form: Direct Code (Instr. 4) 1. Title of Date Security (Instr. 3) 3. Transaction Date (Instr. 3, 4) Socurity (Instr. 5) Socurity (Instr. 4) Socurity (Instr. 4) 1. Title of Derivative Securities Securities Securities Acquired (Instr. 3, 4) 3. Deemed Execution Date (Instr. 3, 4) Socurity (Instr. 5) Socurity (Instr. 5) Socurity (Instr. 5) Socurity (Instr. 5) Socuri																		Other below)	(specify	
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Explanation of Responses:

<u>Marie Croatti, Executrix, by</u> <u>power of attorney</u> <u>05/18/2005</u>

** 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.