Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

1. 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								
															Office	er (give title	X	Other (specify			
(Last)	(Fir		3. Date of Earliest Transaction (Month/Day/Year) 01/31/2022							X	belov	w) xecutive Vice		below)								
	IFIRST CO PIN ROAD					01012022										xccutive v	ICC I	resident				
	PIN KUAL	,			4. If A	4. If Amendment, Date of Original Filed (Month/Day/Y								6. Individual or Joint/Group Filing (Check Applicable								
(Street)	(Street)															Line)						
WILMINGTON MA 01887														X Form filed by One Reporting Person Form filed by More than One Reporting								
(City)	(Sta	ate)	(Zip)			Person																
		Tabl	e I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	posed of	, or B	Benef	icially	/ Own	ed						
Dat			2. Transact Date (Month/Day	e E onth/Day/Year) it		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)		4 and Securi Benefi Owned		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
										v	Amount	(A) o (D)	r Pri	e	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			01/31/2	022				F		1,165(1)	D	\$1	90.09	4	4,308 D						
Common	Stock			02/01/2	022				F		1,156(1)	D	\$1	90.52	00.52 3,152 D							
Common	Stock													68,534 ⁽²⁾ I By					By LLC			
		T	able II								osed of,				Owne	d						
(e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year	Execu	eemed Ition Date, h/Day/Year)	4. Transa Code (8)		5. Nu of Derive Secu Acqu (A) of Disposof (D) (Instrand 5	rities ired r osed) : 3, 4	6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	Code V (A) (D)		Date Exercisable		Expiration Date	Amo or Nun of Title Sha		er									

Explanation of Responses:

- 1. Represents shares of Common Stock withheld by UniFirst Corporation to satisfy certain tax withholding obligations in connection with the vesting of certain restricted stock units.
- 2. Cynthia Croatti is the manager of Trilogy Investment Partners LLC, which as of the date of filing this report, directly owns the reported securities. Cynthia Croatti disclaims beneficial ownership of these reported securities, except to the extent of her pecuniary interest therein, if any, and this report shall not be deemed an admission that she is the beneficial owner of the securities for purposes of Section 16 or any other purpose.

Remarks:

/s/ Steven S. Sintros,

02/02/2022

Attorney-in-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.