FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-0287				
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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

				Tilou							pany Act							
	nd Address o	Reporting Person	*						er or Trac	-	Symbol				heck all ap	plicable)	ng Person(s) to	
				3. Date of Earliest Transaction (Month/Day/Year) 04/26/2011										,		Owner (specify )		
68 JONS	PIN ROAD				4. If A	Amer	ndment	, Date c	of Original	Filed	I (Month/D	ay/Ye	ear)		Individual ne)	or Joint/Grou	p Filing (Check	Applicable
(Street) WILMIN (City)	IGTON M.		1887 ———————————————————————————————————												For	n filed by Mo	e Reporting Pe re than One Re	
(- 3)				on-Deriv	ative \$	Sec	uritie	s Acq	uired,	Disp	osed of	f, or	Bene	eficia	Illy Own	ed		
1. Title of S	Security (Ins			2. Transac Date (Month/Da	tion	2A. Exe	. Deeme	ed Date,	3. Transac Code (Ir 8)	tion	4. Securi Disposed and 5)	ities A	cquire	ed (A)	5. An Secu Bene Owne Follo Repo	nount of rities ficially ed wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common	Stock														1	2,000(1)	I	By Trust
Class B C	Common Sto															),574 <sup>(2)</sup>	I	By Trust
		Та	ble II	- Derivat (e.g., p											y Owned	i		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercis Expiration Date (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nui of	ount mber ires				
	nd Address o	f Reporting Person	*															
		(First) RPORATION	(Mi	ddle)														
(Street) WILMIN	IGTON	MA	01	887		_												
(City)		(State)	(Zip	o)		_												

1. Name and Address of Reporting Person*  CROATTI CYNTHIA							
(Last)	(Middle)						
C/O UNIFIRST CO	ORPORATION						
68 JONSPIN ROA	D						
(Street)							
WILMINGTON	MA	01887					
			_				
(City)	(State)	(Zip)					

## **Explanation of Responses:**

- 1. Cynthia Croatti is a trustee of The Monica Levenstein Gallo Trust 1989, 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, 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 numose.
- 2. Cynthia Croatti is a trustee of The Ronald D. Croatti Non-GST Trust 2006, 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, and this report shall not be deemed an admission that she is the beneficial owner of these securities for purposes of Section 16 or any other purpose.

## Remarks:

Form 4 (2 of 2)

/s/ David Whitman, Attorneyin-Fact 04/27/2011

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.