FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**3**..., .....

Check this box if no longer subject to	STATE
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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*						2. Issuer Name and Ticker or Trading Symbol UNIFIRST CORP [ UNF ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sintros Steven S						OWN INST CORE   UNF									X Dire		ctor 10%		10% C	wner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)											ficer (give title low)		Other (specify below)		
C/O UNIFIRST CORP						12/14/2019									President and CEO						
68 JONSPIN ROAD																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WILMINGTON MA 01887															X Form filed by One Reporting Person						
WILMINGTON WA 01007															Form filed by More than One Reporting Person					orting	
(City)	(S	tate) (	Zip)													1 613	OH				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)					4 and 5) Secu Bene		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(1130.4)	
Common Stock 12/14						/2019					269(1)		D	\$208	3.94	12,440(2)		I	)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	(A)		Date Evercis	ahla	Expiration	 	or Nu of	nount mber							

## **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. Includes (i) 3,221 shares of unrestricted common stock, (ii) 504 restricted stock units that will vest on October 22, 2020, (iii) 3,421 restricted stock units that will in four remaining equal annual installments on November 27, 2020, November 27, 2021, November 27, 2022, and November 27, 2023, (iv) 1,815 restricted stock units that will vest in three remaining equal annual installments on December 14, 2021 and December 14, 2022 and (v) 3,479 restricted stock units that will vest 20% per years on each anniversary of the grant date beginning on October 29, 2020.

## Remarks:

/s/David Whitman, Attorneyin-Fact

\*\* Signature of Reporting Person Dat

12/17/2019

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.