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| UNIFIRST | CORP | | | | | | | | | | | |
|--|---------------------------|-------------|--------------------------|--|--------------------|----------|--|--|---|-------------|--|--|
| Form 4 | 2014 | | | | | | | | | | | |
| January 23, FORM | ЛЛ | | | | | | | | OMB AF | PROVAL | | |
| | UNITEDS | STATES S | | LITIES A | | | NGE CO | OMMISSION | OMB Number: | 3235-0287 | | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | IGES IN BENEFICIAL OWN SECURITIES | | | | | Expires: | January 31, | | |
| | | | | | | | | | Estimated a burden hour response | | | |
| obligatio may con <i>See</i> Instr 1(b). | tinue. Section 17(a |) of the Pu | ublic Ut | | ling Cor | npan | y Act of | Act of 1934, 1935 or Sectior) | 1 | | | |
| (Print or Type | Responses) | | | | | | | | | | | |
| CAMILLI KATHLEEN M Symb | | | Symbol | suer Name and Ticker or Trading ol FIRST CORP [UNF] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| (Last) | (First) (M | liddle) 3 | . Date of | Earliest Tr | ansaction | | | (Cheer | an applicable |) | | |
| | | | Month/D)1/21/20 | /Day/Year) /2014 | | | | _X_ Director Officer (give t below) | | | | |
| WIL MING | (Street) TON, MA 01887 | | | ndment, Da 1th/Day/Year | - | ıl | | 6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M | ne Reporting Per | rson | | |
| | | | | | | | | Person | | | | |
| (City) | (State) (| Zip) | Tabl | e I - Non-D | O erivative | Secu | rities Acqu | ired, Disposed of, | or Beneficial | ly Owned | | |
| 1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year) | | Date, if | Code (Instr. 3, 4 and 5) | | | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| G | | | | Code V | Amount | (D) | Price | (Instr. 3 and 4) | | | | |
| Common Stock | 01/21/2014 | | | М | 1,724 | А | \$ 61.88 | 3,570 | D | | | |
| Common Stock | 01/21/2014 | | | D | 953 | D | \$ 112.04 | 2,617 | D | | | |
| Common Stock | 01/21/2014 | | | М | 1,314 | А | \$ 81.83 | 3,931 | D | | | |
| Common Stock | 01/21/2014 | | | D | 960 | D | \$ 112.04 | 2,971 | D | | | |

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

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required to respond unless the form displays a currently valid OMB control number.

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Instr. 8) | onof De Secur Acqui (A) or Dispo (D) | rities nired or osed of r. 3, 4, | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount Underlying Securitie (Instr. 3 and 4) | |
|---|---|---|--|--|---|--|--|--------------------|---|--------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amour or Numbe of Shares |
| Stock Appreciation Right | \$ 61.88 | 01/21/2014 | | М | | 1,724 | 01/13/2012 | 01/13/2020 | Common Stock (\$0.10 par value) | 1,724 |
| Stock Appreciation Right | \$ 81.83 | 01/21/2014 | | М | | 1,314 | 01/11/2013 | 01/11/2021 | Common Stock (\$0.10 par value) | 1,314 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| CAMILLI KATHLEEN M 68 JONSPIN ROAD WILMINGTON, MA 01887 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ David Whitman, | | | | | | | |

Attorney-in-Fact 01/23/2014

**Signature of Reporting Person

Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.