CROATTI CYNTHIA

Form 4

December 29, 2005

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

Person

13,500

1,499,852

Form 4 or Form 5 obligations may continue. See Instruction

Check this box

if no longer

subject to

Section 16.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

SECURITIES

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| Name and A Croatti Fami | • | orting Person * Partnership | 2. Issuer Name and Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer | | | |
|-----------------------------|---|-----------------------------|--|---|--|--|--|
| (Last) | (First) | (Middle) | UNIFIRST CORP [UNF] | (Check all applicable) | | | |
| (Last) | (FIISt) | (Middle) | 3. Date of Earliest Transaction | V D' / V 100/ O | | | |
| | C/O UNIFIRST CORPORATION, 68 JONSPIN ROAD | | (Month/Day/Year) 12/22/2005 | _X_ Director _X_ 10% Owner _X_ Officer (give title Other (specif below) below) Chief Exec Officer; Treasurer | | | |
| (Street) | | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | | |
| WIII MINIOT | CONT. NAA. O | 1007 | Filed(Month/Day/Year) | Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting | | | |

WILMINGTON, MA 01887

Common

Stock

| (City) | (State) | (Zip) Tabl | e I - Non-D | Derivative | Secur | ities Acq | uired, Disposed o | f, 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) | 3. Transactic Code (Instr. 8) | 4. Securi on(A) or Di (Instr. 3, | spose | d of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Class B Common Stock | | | | | (-) | | 2,417,500 | D (1) | |
| Common Stock | 12/22/2005 | | S | 5,500 | D | \$ 30.85 | 8,750 | D (1) | |
| Common Stock | | | | | | | 2,923 | I (2) | By 401(k) |

D (3)

 $D^{(4)}$

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| Class B Common Stock | | | |
|----------------------|-----------|--------------|------------------------|
| Common Stock | 171,734 | I (5) | By Trusts and LLC |
| Class B Common Stock | 2,648,000 | I (5) | By Trusts and LLC |
| Common Stock | 950 | I (6) | By Trusts and LLC |
| Class B Common Stock | 2,600,000 | I (6) | By Trusts |
| Common Stock | 19,105 | I (7) | By Estate and Trust |
| Class B Common Stock | 2,841,644 | I <u>(7)</u> | By Estate and Trust |

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

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 control number.

SEC 1474

(9-02)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Tit | le and | 8. Price of |
|-------------|-------------|---------------------|--------------------|------------|------------|---------------|-------------|--------|--------------|-------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transacti | onNumber | Expiration D | ate | Amou | unt of | Derivative |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Unde | rlying | Security |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Secur | rities | (Instr. 5) |
| | Derivative | | | | Securities | | | (Instr | . 3 and 4) | |
| | Security | | | | Acquired | | | | | |
| | | | | | (A) or | | | | | |
| | | | | | Disposed | | | | | |
| | | | | | of (D) | | | | | |
| | | | | | (Instr. 3, | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | | | | | | | | A manumt | |
| | | | | | | | | | Amount | |
| | | | | | | Date | Expiration | Title | Or | |
| | | | | | | Exercisable | Date | Title | Number of | |
| | | | | Code V | (A) (D) | | | | | |
| | | | | Code V | (A) (D) | | | | Shares | |

Reporting Owners

Relationships

Reporting Owner Name / Address

Reporting Owners 2

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| | Director | 10% Owner | Officer | Other |
|---|----------|-----------|-------------------------------|-------|
| Croatti Family Limited Partnership C/O UNIFIRST CORPORATION 68 JONSPIN ROAD WILMINGTON, MA 01887 | X | X | Chief Exec Officer; Treasurer | |
| CROATTI RONALD D 68 JONSPIN ROAD WILMINGTON, MA 01887 | X | X | Cheif Executive Officer | |
| CROATTI CYNTHIA 68 JONSPIN ROAD WILMINGTON, MA 01887 | X | X | Executive VP & Treasurer | |
| CROATTI MARIE 68 JONSPIN ROAD WILMINGTON, MA 01887 | | X | | |
| Croatti Management Associates, Inc. 68 JONSPIN ROAD WILMINGTON, MA 01887 | | X | | |
| Signatures | | | | |

Signatures

Croatti Management Associates, Inc., by power of attorney

12/29/2005

**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).
- (1) See Note 1 to Addendum.
- (2) See Note 2 to Addendum.
- (3) See Note 3 to Addendum.
- (4) See Note 4 to Addendum.
- (5) See Note 5 to Addendum.
- (6) See Note 6 to Addendum.
- (7) See Note 7 to Addendum.

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.

Signatures 3