### Edgar Filing: HEFFERNAN JAMES P - Form 4

HEFFERNA	N JAMES P										
Form 4											
September 2	26, 2017										
FORM	CECUT		OMB AF OMB	PROVAL							
		SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						3235-0287			
Check th if no long	aar				Expires:	January 31					
subject to	AENT O	F CHANGES IN BENEFICIAL OWNERSHIP OF						Estimated average			
Section 1	SECURITIES						burden hours per				
Form 4 or Form 5 Eiled pursuant to See					a .	·			response 0.8		
obligatio	nc 1						U	e Act of 1934,			
may con	unue.			vestment	•	· ·		1935 or Section	1		
See Instr 1(b).	ruction	50(11)	or the m	vestment	Compan	ly 110	101174	0			
(Print or Type ]	Responses)										
HEFFERNAN JAMES P Symb			2. Issuer	. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to			
			Symbol					Issuer			
			UNITED NATURAL FOODS INC					(Check all applicable)			
			[UNFI]					(encer	x an appneable	)	
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction			_X_ Director10% Owner					
		0000	(Month/E	-				Officer (give below)	below)	r (specify	
	ED NATURAL F RON HORSE WA		09/25/2	017							
			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mor	iled(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
DDOVIDEN								_X_ Form filed by C Form filed by M			
PROVIDEN	NCE, RI 02908							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date			3.	4. Securi			5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)					Securities Beneficially	Indirect Beneficial			
(1150.5)		any (Month/Da			(1150.5,	i una	5)	Beneficially(D) orBeneficiallyOwnedIndirect (I)Owned			
								Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							\$		_		
Stock	09/25/2017			М	2,660	А	28.32	29,724	D		
Common							\$				
Stock	09/26/2017			S	2,660	D	ф 44.28	27,064	D		

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.

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Transaction of Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Employee Stock Option (right to buy)	\$ 28.32 ( <u>1</u> )	09/25/2017		М	2,660	(2)	12/06/2017 <u>(2)</u>	Common Stock	2,660	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
HEFFERNAN JAMES P C/O UNITED NATURAL FOODS, INC. 313 IRON HORSE WAY PROVIDENCE, RI 02908	Х						
Signatures							
Joseph McGrail, Power-of-Attorney, in fact	09/						
**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) United Natural Foods, Inc.'s closing price on the NASDAQ National Market on the date of grant.
- (2) The stock options vest and becomes exercisable as follows: 1/3 immediately, with the remainder in two equal annual installments beginning on the first anniversary of the date of grant. The stock options expire 10 years after the grant date.

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.