Edgar Filing: HEFFERNAN JAMES P - Form 4

HEFFERNA	N JAMES P										
Form 4											
December 19	9, 2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB AF	OMB APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi									Expires:	January 31	
if no longer subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							NERSHIP OF	Estimated average			
Subject to Section 16. Form 4 or				SECURITIES					burden hours per response 0.5		
Form 5	Filed p	oursuant to S	Section 1	6(a) of the	e Securit	ies E	xchang	e Act of 1934,		0.0	
obligatior may conti <i>See</i> Instru 1(b).	inue. Section 1	7(a) of the	Public U		ling Con	npany	y Act of	1935 or Section	n		
(Print or Type R	Responses)										
HEFFERNAN JAMES P Symbol			r Name and Ticker or Trading D NATURAL FOODS INC				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
UNITEI [UNFI]											
	(First) D NATURAL RON HORSE		3. Date of (Month/D 12/18/2	-	ansaction			X Director Officer (give below)		Owner er (specify	
			ndment, Date Original			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
			onth/Day/Year)								
PROVIDENCE, RI 02908											
(City)	(State)	(Zip)	Tabl	e I - Non-D) erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Deer	med	3.	4. Securi	ties A	cauired	5. Amount of	6. Ownership	7. Nature of	
Security (Instr. 3)	(Month/Day/Ye	ar) Execution Date, if any (Month/Day/Year)		Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			Beneficially Owned	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)		
						(A)		Transaction(s)			
				Code V	Amount	or (D)	Price \$	(Instr. 3 and 4)			
Common Stock	12/18/2017			S	7,580	D		0	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.

 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Unde Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	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	12/	19/2017					
*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).
- The transaction price listed is a weighted average. Actual sale prices for these dispositions ranged from \$51.74 to \$52.44. The reporting person undertakes to provide United Natural Foods, Inc., any security holder of United Natural Foods, Inc., or the staff of the Securities (1) and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

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.