Edgar Filing: landoli Michael - Form 4

Iandoli Mich	nael											
Form 4												
January 23, 2	_											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMMISSION		OMB APPROVAL		
	UNITE	DSIAIES					INGE C	OMM/MISSION	OMB	3235-0287		
Check th	is box		vv a	shington,	D.C. 20	1549			Number:	January 31,		
if no long		EMENT O	Г СНА М	IGES IN BENEFICIAL OWNERSHIP				VEBSHID OF	Expires: 20			
subject to STATEMENT OF CHAIN Section 16.				SECURITIES				Estimated average				
Form 4 o		SEC				COMITES				burden hours per response 0.5		
Form 5	Filed 1	pursuant to S	Section 1	6(a) of the	e Securi	ties E	Exchange	e Act of 1934,	10000100	0.0		
obligatio	ns Section 1	•					•	1935 or Section	1			
may cont See Instr		30(h)	of the In	vestment	Compar	iy Ac	t of 194	0				
1(b).												
	`											
(Print or Type I	Responses)											
1 Name and A	Address of Reporti	ing Person *	2 Isouo	r Nama and	Ticker or	Tradi	20	5. Relationship of	Reporting Pers	on(s) to		
T 1 . 1' N C			Symbol	2. Issuer Name and Ticker or Trading				Issuer				
			•	RST COR	P [UNF]	1						
(Last)	(First)	(Middle)		f Earliest Tr				(Check	c all applicable)		
(Last)	(I list)	(windule)		Day/Year)	ansaction			X Director	10%	Owner		
				1/18/2013				Officer (give title Other (specify				
CORPORA	TION, 68 JON	ISPIN						below)	below)			
ROAD												
			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check				
			Filed(Mo	Month/Day/Year)				Applicable Line)				
								X Form filed by O Form filed by M				
WILMING	TON, MA 018	87						Person		porting		
(City)	(State)	(Zip)	Tab	le I - Non-D	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned		
1.Title of	2. Transaction D	1					5. Amount of	6.	7. Nature of			
Security (Instr. 3)	(Month/Day/Yea		n Date, if	n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				Securities Beneficially	Ownership Form: Direct	Indirect Beneficial		
(Instr. 5)		any (Month/Day/Year)			(11150. 5,	4 anu	5)	Owned	(D) or	Ownership		
		× ×	,	(Instr. 8)				Following	Indirect (I)	(Instr. 4)		
						(A)		Reported	(Instr. 4)			
						or		Transaction(s) (Instr. 3 and 4)				
Common				Code V	Amount	(D)	Price	(
Common Stock	01/18/2013			S	1,000	D	\$ 81.284	5,000	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)

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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)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	nt of lying	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		

Reporting Owners

Reporting Owner Name / Address	Relationships						
I O O O O O O O O O O	Director	10% Owner	Officer	Other			
Iandoli Michael C/O UNIFIRST CORPORATION 68 JONSPIN ROAD WILMINGTON, MA 01887	Х						
Signatures							
/s/ David Whitman, Attorney-in-Fact	01/	23/2013					
**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.