UNIFI INC Form 4 October 23, 2014

FORM 4

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

OMB APPROVAL

OMB Number:

3235-0287

Expires:

5 Relationship of Reporting Person(s) to

January 31, 2005

0.5

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subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

30(h) of the Investment Company Act of 1940

2 Januar Nama and Tielzer or Tradina

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

See Instruction

LANGONE KENNETH G			2. Issuer Name and Ticker or Trading Symbol UNIFI INC [UFI]					ng	Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/22/2014						(Check all applicable) _X_ Director 10% Owner Officer (give title Other (specify			
NEW YOR	(Street) K, NY 10152		4. If Amer Filed(Mon			_	l		Applicable Line) _X_ Form filed b	below) r Joint/Group Fi by One Reporting y More than One	Person	
(City)	(State)	(Zip)	Table	e I - Nor	ı-D	erivative (Secur	ities Ac	equired, Disposed	l of, or Benefic	ially Owned	
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Yo	ear) Execution	emed on Date, if /Day/Year)	Code (Instr.	8)	4. Securi nAcquired Disposed (Instr. 3,	(A) 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)		
Common Stock	10/22/2014			A		2,625	A	\$0	1,002,625	D		
Common Stock									25,000	I	by Wife (1)	
Common Stock									100,000	I	by Invemed Associates LLC (2)	
Reminder: Rep	oort on a separate	line for each o	class of secu	rities bei	nefi	cially own	ed dii	ectly or	r indirectly.			
							spond to the collection of SEC 1474 (9-02)					

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number.

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 Exer	cisable and	7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	rities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Ti+la	Or		
						Exercisable Date	Title Number of				
				Code V	(A) (D)				Shares		
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
•	Director	10% Owner	Officer	Other			
LANGONE KENNETH G 375 PARK AVENUE STE 2205 NEW YORK, NY 10152	X						

Signatures

/s/Kenneth G. Langone by W. Randy Eaddy, POA 10/23/2014

**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).
- (1) The Reporting Person disclaims beneficial ownership of the securities held by his wife and this report should not be deemed an admission that the Reporting Person is the beneficial owner of his wife's securities for purposes of Section 16 or for any other purposes.
- The Reporting Person is the principal equity holder and President and CEO of Invemed Associates, LLC. Pursuant to Instruction

 (4)(b)(iv) of Form 4, the Reporting Person has elected to report as indirectly beneficially owned the entire number of securities beneficially owned by such entity. The Reporting Person disclaims beneficial ownership of any securities, and any proceeds thereof, that exceed his pecuniary interest therein and/or are not actually distributed to him.

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.

Reporting Owners 2