SEC Form 4

FORM 4

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

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] LANGONE KENNETH G | | | 2. Issuer Name and Ticker or Trading Symbol <u>UNIFI INC</u> [UFI] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | |
|---|---------|---------------|---|--|---|-----------|------------------------------------|----------------|---------------|--|--|---|---|------------|--|
| (Last) | (First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/14/2023 | | | | | | | Officer (give titl below) | | | r (specify | |
| 375 PARK AVENUE STE 2205 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) NEW YORK | NY | 10152 | | | | | | | | | Form filed by M Person | • | • | | |
| (City) | (State) | (Zip) | | П | Ile 10b5-1(c) Check this box to ind satisfy the affirmative | icate tha | t a trar | nsaction was m | uant to a cor | to a contract, instruction or written plan that is intended to Instruction 10. | | | | | |
| | Tal | Securities Ac | quired | l, Di | sposed of | , or Be | eneficial | ly Owned | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | ate | Execution Date, | | | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 09/14/20 | | | | 23 | | Р | | 4,800 | Α | \$7 ⁽¹⁾ | 1,803,402 | D | | | |

| 1. Title of | 2. | 3. Transaction | | | , warrants 5. Number | , opti | ons, | convertib | | urities) | | 9. Numbe | | 10. | 11. Natur |
|-------------|---------|----------------|------------------|----------|-------------------------|--------|------|-----------|--------|----------------------|--------|--------------------|---|-----|--------------------------------|
| | | Ta | ble II - Derivat | ive Secu | rities Acqu | uired, | Disp | posed of, | or Ber | neficial | y Owne | d | | | |
| Common | ı Stock | | | | | | | | | | 130, | 000 ⁽⁴⁾ | | I A | y ivemed ssociates LC |
| Common | 1 Stock | | | | | | | | | | 30,0 | 00 ⁽³⁾ | | I B | y wife |
| Common | n Stock | | 09/15/2 | 023 | | Р | | 3,000 | Α | \$7.03 ⁽² |) 1,80 | 6,402 | I | D | |

| 1. Title Derivati Security (Instr. 3 | ve Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D (Insti | | | Deriv | int of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
|---|------------------------------|--|---|------------------------------|---|--|--|---------------------|--------------------|---|---|--|--|---------------------------------------|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Amount or Number of Shares | | | | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$6.90 to \$7.07, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price.

2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$7.00 to \$7.06, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price.

3. The reporting person disclaims beneficial ownership of these securities, and this Form 4 shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.

4. The reporting person is the principal equity holder and Chairman 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.

Remarks:

<u>/s/ GREGORY K. SIGMON,</u>

attorney-in-fact

09/18/2023

** Signature of Reporting Person Date

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

 * 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.

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 Number.