FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| | | | |

| TATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|----------|-------------------|---------------|------------------|

| l | OMB APPRO | VAL |
|---|-------------------------|-----------|
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| | 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).

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* | | | | 2. Issuer Name and Ticker or Trading Symbol UNIFI INC [UFI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|---------|-------|--|---|--|-------|------------------------|---|---|---------------------|---|--|---|---|---|---|---------|------------|
| CAUDLE THOMAS H JR | | | | | | | | | | | | | | X | irector | | 10% | Owner | |
| (Last) (First) (Middle) | | | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | \dashv | | Officer (giv | ve title | Othe below | r (specify v) | | |
| 9116 GREAT MEADOWS DRIVE | | | | 02/ | 02/21/2020 | | | | | | | | | President & COO | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| CLEMM | ONS N | C 2 | 27012 | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | Form filed by More than One Reporting Person | | | | porting | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date | | Date, | Transaction Disposed (| | ies Acquired (A) o Of (D) (Instr. 3, 4 | | | nd 5) Se Be Or | Amount of curities eneficially whed Follows | , F | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount (| | (A) or (D) | Price | . Tr | eported ansaction istr. 3 and | | | (Instr. 4) |
| Common Stock 02 | | | | 02/21/ | /2020 | | | | F | | 16,684 ⁰ | (1) D \$ | | \$24 | 1.18 107,649 | | 49 | D | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivat Securit (Instr. 5 | y Secu Bene Own Follo Repo | owing orted isaction(s) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | nber | | | | | |

Explanation of Responses:

1. Represents shares withheld to satisfy the reporting person's tax withholding obligations in connection with the reporting person's receipt of shares of the issuer's common stock upon the third vesting date of the grant of restricted stock units reported on the reporting person's Statement of Changes in Beneficial Ownership of Securities on Form 4 filed with the Securities and Exchange Commission on February 23, 2017.

Remarks:

/s/ Gregory K. Sigmon, attorney-in-fact

02/24/2020

Date

** Signature of Reporting Person

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.