FORM 4

Check this box if no longer subjection 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

t to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 UNIFI INC [UFI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
	(Fi K AVENUI	, ,	Middle)		3. Date of Earliest Tran 02/04/2014					(Monti	h/Day/Year)			Λ		er (give title	•		(specify	
(Street) NEW YO	DRK N		10152 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Forn	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			2. Transact Date (Month/Day	/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar					ies cially Following	6. Owner Form: Dir (D) or Ind (I) (Instr.		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(Instr. 4)	
COMMON STOCK				02/04/2014				P		7,500	A	\$22.	97(1)	960,729			D			
СОММО	N STOCK														25,000 I by				by Wife ⁽²⁾	
COMMON STOCK															100,000			I	by Invemed Associates LLC ⁽³⁾	
		Та	ble II								osed of, convertib				wned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)			ransaction (code (Instr.)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	or Number of Shares							

Explanation of Responses:

- 1. The Reporting Person executed a trade order through a broker-dealer which resulted in multiple same-day same-way open market purchases, with the prices ranging from \$22.46 to \$23.33/share. The Reporting Person has reported these purchases on an aggregate basis using the weighted average price for the transactions and will provide detailed breakouts upon request.
- 2. 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.
- 3. 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.

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

02/05/2014

** 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.