## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESM

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 30(h) of the Investment Company Act of 1940

## OMB APPROVAL

OMB Number: 3235-0104

Expires: December 31,

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hours per response 0.5

1. Name and Address of Reporting Person*	Requiring Statement (Month/Day/Year)	Issuer Name <b>and</b> Ticker or Trading Symbol     UNIFI INC [UFI]				
LOWE WILLIAM M JR		4. Relationship of Reporting Person(s) 5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Last) (First) (Middle) 7201 WEST FRIENDLY AVENUE		(Check all applicable) Director 10% Owner Other (specify helow)  Other (specify helow)  Other (specify helow)				
(Street) GREENSBORO NC 27410		Chief Financial Officer  Chief Financial Officer  Chief Financial Officer  Chief Financial Officer  Form filed by More than One Reporting Person				
(City) (State) (Zip)						

Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)	2. Amount of Securities Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)					

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	Exercisable and Securit		Securities Underly Derivative Security	Title and Amount of ecurities Underlying erivative Security (Instr.		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership		
	Date Exercisable	Expiration Date	Title	Amount or Number of SharesM	Price of Derivative Security	or Indirect (I) (Instr. 5)	(Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned

William M. Lowe, Jr. 01/08/2004 \*\* Signature of Reporting Date Person

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 Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5(b)(v).

<sup>\*\*</sup> 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.