FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |

37 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).

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] | | | | | | | | (Ch | Relationshi eck all app | olicable) | ing Pe | g Person(s) to Issuer | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|---------------------------------|-----------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------|-----------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------|-----------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------|
| (Last) 375 PAR STE 220: | K AVENUI | , | Middle) | | 3. Da 11/1 | | t Trans | saction (Month/Day/Year) | | | | | | | cer (give title | | Other (specify below) | | |
| (Street) NEW YO | ORK N | | 10152 Zip) | | 4. If | Amen | dment, | Date o | of Origin | al File | d (Month/Da | ay/Year) | | Line | e) <mark>X</mark> Forn | or Joint/Grou n filed by Oi n filed by Me son | ne Re | porting Pers | son |
| | | Tabl | e I - N | on-Deriv | ative | Sec | uritie | s Ac | quire | d, Di | sposed o | f, or E | Benef | icial | ly Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | y/Year) Exe | | ZA. Deemed Execution Date, f any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | or and 5 | Benefic Owned | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Pri | се | Reporte Transac (Instr. 3 | ction(s) | | | (Instr. 4) |
| Common Stock 11/12/2 | | | 007 | | | | P | | 50,000 | A | \$3 | .0133 | 33 655,000 | | D | | | | |
| Common Stock | | | | | | | | | | | | | | 27 | 0,000 | | I | by Invemed Associates | |
| Common | Stock | | | | | | | | | | | | | | 1,88 | 85,000 | | I | by Invemed Catalyst Fd |
| | | Та | ble II | | | | | | | | osed of, convertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | (| s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

/s/Kenneth G. Langone/Charles 11/13/2007 F. McCoy POA

** Signature of Reporting Person

Date

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

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.

^{*} 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).