FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
OMB Number:	OMB Number: 3235-0104						
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

						<u> </u>					
SILECK MICHAEL		2. Date of Event Requiring Statement (Month/Day/Year) 05/28/2009  3. Issuer Name and Ticker or Trading Symbol UNIFI INC [ UFI ]									
(Last) C/O UNIFI, I	(First)	(Middle)				utionship of Reporting Perso all applicable) Director	rting Person(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
7201 W. FRIENDLY AVENUE		IUE				Officer (give title below)	Other (spe below)	cify		cable Line)	/Group Filing (Check
(Street) GREENSBO	RO NC	27410							X		y One Reporting Person y More than One erson
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					int of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					0	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
				Underlying Derivative Security (Instr. 4) Co			rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
1. Title of Deriv	ative Security (I	nstr. 4)	2. Date Exerc Expiration D (Month/Day/	ate				4. Conversor or Exer	cise	Ownership	Beneficial Ownership

Explanation of Responses:

/s/Michael Sileck

05/29/2009

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.