SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* INCLUSIVE CAPITAL			2. Date of Event Requiring Statement		3. Issuer Name and Ticker or Trading Symbol UNIFLINC [UFI]						
INCLUSIVE CAPITAL PARTNERS, L.P. (Last) (First) (Middle) 1170 GORGAS AVENUE (Street)		(Month/Day/Year) 05/17/2022		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title below) X Other (specify below)			<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting</li> </ul>				
SAN FRANCISCO C	CA 94129 ate) (Zip)				See Remarks			Person X Form filed by More than One Reporting Person			
		Ta	ble I - Non-	Derivati	ive Securities Benefic	cially O	wned	<u> </u>			
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock, par value \$0.10 per share ("Common Stock")				'n	1,920,887		I	See footnotes <sup>(1)(3)</sup>		3)	
Common Stock					9,979		I See for		footnotes <sup>(2)(3)</sup>		
					e Securities Beneficia nts, options, converti						
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Security (Instr. 4)		rity Convers		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiratior Date	n Title	Amount or Number of Shares	Price of Derivativ Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)	
	ess of Reporting Pers		<u>IERS, L.P</u>								
(Last) 1170 GORGAS	(First) AVENUE	(Mide	dle)	_							
(Street) SAN FRANCISCO	СА	9412	29	-							
(City)	(State)	(Zip)									
1. Name and Addre	ess of Reporting Pers	son <sup>*</sup>									
(Last) (First) (Middle) 1170 GORGAS AVENUE											
(Street) SAN FRANCISCO	СА	9412	29	_							

(City)	(State)	(Zip)	
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## Explanation of Responses:

1. The securities reported herein are held by Inclusive Capital Partners Spring Master Fund, L.P. ("In-Cap Spring Master Fund") to which Inclusive Capital Partners, L.P., a Delaware limited partnership, ("In-Cap") acts as investment manager. Mr. Jeffrey W. Ubben indirectly controls In-Cap.

2. Represents shares of Common Stock granted to Ms. Eva Zlotnicka ("Ms. Zlotnicka") for her services as a director of the Issuer pursuant to the Issuer's director compensation policy. Ms. Zlotnicka is deemed to hold the shares of Common Stock for the benefit of In-Cap Spring Master Fund managed by In-Cap and indirectly for In-Cap and may transfer the award directly to In-Cap Spring Master Fund.

3. The filing of this statement shall not be deemed an admission that either Reporting Person is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934, as amended, or otherwise. The Reporting Persons expressly disclaim beneficial ownership of the securities reported herein except to the extent of its or his pecuniary interest therein.

## **Remarks:**

In-Cap may be deemed to be a director by deputization for purposes of Section 16 under the Securities Exchange Act of 1934, as amended, by virtue of the fact that Ms. Zlotnicka currently serves on the board of directors of the Issuer.

 Inclusive Capital Partners,

 L.P., /s/ Philippe B. Pradel,
 05/19/2022

 Chief Compliance Officer

 /s/ Jeffrey W. Ubben
 05/19/2022

 \*\*\* Signature of Reporting
 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 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.