FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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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

1. Name and Address of Reporting Person* LANGONE KENNETH G						2. Issuer Name and Ticker or Trading Symbol UNIFI INC [UFI]								5. Relationship of Repor (Check all applicable) X Director					Owner		
(Last) 375 PAR STE 220	K AVENU	(First) (Middle)				Date of Earliest Transaction (Month/Day/Year) 12/22/2023 H Amendment, Date of Original Filed (Month/Day/Year)								Individune)	elow ual or	Joint/Gro	up Filir	belowng (Check	Applicable		
(Street) NEW YO	ORK NY	? 1	0152		Du	Dula 40h5 4(a) Transaction Indiantics									X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ate) (a	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - No	on-Deriva	tive \$	Secu	rities	Acc	quirec	l, Dis	sposed of	, or E	Benefic	ally O	wne	∍d					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				.	Execution Date,			3. Transaction Code (Instr. 8) 4. Securitie Disposed (5)				d Sec Ben Owi	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 12/22/20)23			P		500,000	Α	\$5.7	5 2	2,321,306		D				
Common Stock															30,000(1)		I		By wife		
Common Stock														1	130,000(2)		I		By Invemed Associates LLC		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	1. Title of Derivative Conversion Date Conversion Security or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		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)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

- 1. The reporting person disclaims beneficial ownership of these securities, and this Form 4 shall not be deemed an admission that the reporting person is the beneficial owner of the securities for purposes of Section 16 or for any other purpose.
- 2. The reporting person is the principal equity holder and Chairman and CEO of Inverned 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.

Remarks:

/s/ GREGORY K. SIGMON,

12/27/2023

** 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.