

**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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL                                 |           |
|--|-----------|
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|  |   |  |
|--|---|--|
| 1. Name and Address of Reporting Person*<br><u>LANGONE KENNETH G</u><br><br>(Last) (First) (Middle)<br><u>375 PARK AVENUE, STE. 2205</u><br><br>(Street)<br><u>NEW YORK NY 10152</u><br><br>(City) (State) (Zip) | 2. Issuer Name and Ticker or Trading Symbol<br><u>UNIFI INC [ UFI ]</u> | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br><input checked="" type="checkbox"/> Director 10% Owner<br>Officer (give title below) Other (specify below) |
|  | 3. Date of Earliest Transaction (Month/Day/Year)<br><u>08/30/2017</u>   |  |
|  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br>Form filed by More than One Reporting Person    |

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) |   | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) |            |        | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|------------|--------|---|--|---|
|                                 |                                      |  | Code                           | V | Amount  | (A) or (D) | Price  |   |  |   |
| Common Stock                    | 08/30/2017                           |  | M                              |   | 6,666 <sup>(1)</sup>  | A          | \$8.16 | 1,109,963   | D  |   |
| Common Stock                    |                                      |  |                                |   |   |            |        | 30,000 <sup>(2)</sup>   | I  | By wife   |
| Common Stock                    |                                      |  |                                |   |   |            |        | 130,000 <sup>(3)</sup>  | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed 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 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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--------------------------------------|--|--------------------------------|---|--|-----|--|-----------------|---|----------------------------|--|--|---|--|
|  |  |                                      |  | Code                           | V | (A)  | (D) | Date Exercisable   | Expiration Date | Title   | Amount or Number of Shares |  |  |   |  |
| Stock Option (Right to Buy)                | \$8.16   | 08/30/2017                           |  | M                              |   | 6,666 <sup>(4)</sup>   | (5) | 10/24/2017   | Common Stock    | 6,666 <sup>(4)</sup>  | \$0                        | 0  | D  |   |  |

**Explanation of Responses:**

- Represents shares delivered upon the exercise of a stock option.
- 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.
- The reporting person is the principal equity holder and President and CEO of Invemed 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.
- The option was previously reported as covering 20,000 shares of the issuer's common stock at an exercise price of \$2.72 per share, but was adjusted to reflect the 1-for-3 reverse stock split that occurred on November 3, 2010.
- The option became exercisable in two equal installments on (i) December 16, 2013, the date that the closing price of the issuer's common stock on the New York Stock Exchange was at least \$24.00 per share for 30 consecutive trading days, and (ii) March 4, 2015, the date that the closing price of the issuer's common stock on the New York Stock Exchange was at least \$30.00 per share for 30 consecutive trading days.

**Remarks:**

/s/ Kenneth G. Langone by Ben Sirmons, POA 09/01/2017

\*\* 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.