FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	205/19	
vasilliylui,	D.C.	20349	

STATEMENT	OF CHANGE	ES IN BENE	FICIAL O	WNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimate	Estimated average burden							
hours pe	r 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

Name and Address of Reporting Person* LANGONE KENNETH G				2. Issuer Name and Ticker or Trading Symbol UNIFI INC [UFI]									5. Relationship of Rep (Check all applicable) X Director			10%		o Owner	
	(Fir K AVENU	,	Middle	2)		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2020									Office below	er (give titl v)	e	Othe belov	r (specify v)
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
NEW YO			.0152 Zip)												Form Perso	filed by M on	Nore tha	an One R	eporting
		Table	I - N	lon-Deriva	tive	Secu	rities	Ac	quire	ed, Di	isposed o	of, or E	Benefic	ial	ly Own	ed			
Date			2. Transaction Date (Month/Day/Y	Execution Date,		е,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Securities Beneficially Owned Following		Form: Direct I (D) or Indirect E (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	mount (A) or Price			Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			05/05/202	20				P		25,000	A	\$11.17	7(1)	1,395	5,000		D	
Common	Stock			05/06/202	20				P		15,000	A	\$10.7	(2)	1,410	0,000		D	
Common	Stock														30,0	00(3)		I	By wife
Common Stock														130,0	000 ⁽⁴⁾		I	by Invemed Associates LLC	
		Tal	ble I	l - Derivati (e.g., pu							posed of converti				Owne	d			
		Transa Code				Expiration (Month/Day			Deriv	int of rities rlying ative rity (Instr.	Di Si (li		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owner s Form: ally Direct or Indi g (I) (Insi	Ownersh	Beneficial Ownershi ct (Instr. 4)			
					Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	ı Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$10.81 to \$11.59, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$10.54 to \$10.90, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate
- 3. 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.
- 4. The reporting person is the principal equity holder and President and CEO of Inversed 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, attorney-in-fact

05/06/2020

** 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.