Edgar Filing: HEFFERNAN JAMES P - Form 4

HEFFERNA	N JAMES P											
Form 4												
September 27	7, 2018											
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	Washington, D.C. 20549								COMMISSION	OMB Number:	3235-0287	
Check thi if no long subject to Section 10 Form 4 or Form 5 obligatior may conti <i>See</i> Instru	er STATEM 6. Filed purs inue. Section 17(a	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section								burden hou response	Estimated average burden hours per response 0.5	
1(b). (Print or Type R	Responses)											
τ			2. Issuer Name and Ticker or Trading Symbol UNITED NATURAL FOODS INC [UNFI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) 3. Date (Month				ate of Earliest Transaction nth/Day/Year) 25/2018					X_ Director 10% Owner Officer (give title Other (specify below) below)			
,	(Street) 4. If Amer				ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
PROVIDEN	CE, RI 02908								Form filed by M Person	More than One R	eporting	
(City)	(State) (Zip)	Table	e I - Non	1-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	ned n Date, if Day/Year)	Code	8)	4. Securi nAcquired Disposed (Instr. 3, Amount	(A) o of (D)	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)	
Common Stock	09/25/2018			М		3,820	A	\$0	10,780	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 2. 4. Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date **Underlying Securities** Security (Month/Day/Year) (Instr. 3 and 4) or Exercise any Code Securities (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) or Derivative Disposed of (D) Security (Instr. 3, 4, and 5) Amount or Date Expiration Title Number Exercisable Date of Code V (A) (D) Shares Restricted Common (1) (1) (1) 09/25/2018 A 7,640 7.640 Stock Unit Stock Restricted Common (1) (1) 09/25/2018 Μ 3,820 3,820 (1) Stock Unit Stock

Edgar Filing: HEFFERNAN JAMES P - Form 4

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
HEFFERNAN JAMES P C/O UNITED NATURAL FOODS, INC. 313 IRON HORSE WAY PROVIDENCE, RI 02908	Х						
Signatures							
Joseph McGrail, Power-of-Attorney, in fact	09/	27/2018					
**Signature of Reporting Person		Date					
Evenlawetten of Deenewa							

Explanation of Responses:

* 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).

Each restricted stock unit represents the right to receive one share of United Natural Foods, Inc. common stock upon vesting in

(1) accordance with the terms of the reporting person's restricted stock unit agreement. The restricted stock units vest as follows: one-half on the date of grant and the remaining one-half on the 6 month anniversary of the date of grant.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.