Edgar Filing: UNITED NATURAL FOODS INC - Form 4

| UNITED N. Form 4 July 10, 201 | ATURAL FOOD | S INC | | | | | |
|--|---|-------|---|--|---|---|--|
| FORM 4 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue | | | CURITIES AND EXCHANGE C Washington, D.C. 20549 IANGES IN BENEFICIAL OWN SECURITIES on 16(a) of the Securities Exchange c Utility Holding Company Act of e Investment Company Act of 194 | NERSHIP OF e Act of 1934, 1935 or Section | OTHE 3235-0287 Number: 3235-0287 Lexpires: January 31, 2005 Estimated average burden hours per response 0.5 | | |
| (Print or Type | Responses) | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> DZIKI THOMAS A | | | ssuer Name and Ticker or Trading bol ITED NATURAL FOODS INC IFI] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (Last) (First) (Middle) C/O UNITED NATURAL FOODS, INC., 313 IRON HORSE WAY | | | ate of Earliest Transaction hth/Day/Year) 08/2013 | Director X Officer (give below) | | Owner r (specify | |
| (Street) | | | Amendment, Date Original (Month/Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | |
| PROVIDE | NCE, RI 02908 | | | Form filed by M Person | ore than One Rej | porting | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acq | uired, Disposed of, | or Beneficiall | y Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Code (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) | |
| Common Stock | 07/08/2013 | | S 2,141 D \$ 54.9707 | 5,892 | D | | |
| Common Stock | | | | 2,554 | I | See footnote (1) | |

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.

Edgar Filing: UNITED NATURAL FOODS INC - Form 4

 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. Transactio Code (Instr. 8) | 5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | ate | Secur | int of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|-------|--|---|---|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| DZIKI THOMAS A C/O UNITED NATURAL FOODS, INC. 313 IRON HORSE WAY PROVIDENCE, RI 02908 | | | CHRSO | | | |
| Signatures | | | | | | |
| Lisa N'Chonon, Power-of-Attorney, in-fact | 07/10/2013 | | | | | |
| **Signature of Reporting Person | 1 | Date | | | | |

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).

Includes 2,534 shares of common stock allocated to the reporting person under the United Natural Foods, Inc. Employee Stock
(1) Ownership Plan and 20 shares of common stock allocated to the reporting person under the United Natural Foods, Inc. 401(k) Plan's UNFI Stock Fund as of July 8, 2013.

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.