### Edgar Filing: PRESENT SUZANNE - Form 4

PRESENT SU	UZANNE												
Form 4													
October 27, 2	.017												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PPROVAL				
								ONID	3235-0287				
Check this	Check this box							Number:					
	if no longer							Expires:	January 31, 2005				
subject to	subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF							Estimated a					
Section 16		SECURITIES							burden hou	•			
Form 4 or Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							response	0.5			
obligation	0	*											
may conti	nue.		of the Inv	•		•	- ·		f 1935 or Sectio	911			
See Instru	ction	J0(II)	of the fire	/csunch	ιC	Joinpan	y Aci	01 19	+0				
1(b).													
(Print or Type R	esponses)												
1. Name and Ad	ddress of Report	ing Person <u>*</u>	2. Issuer	Name <b>an</b>	d T	Ficker or 7	Fradin	g	5. Relationship of	f Reporting Per	son(s) to		
PRESENT SUZANNE			Symbol					0	Issuer				
			UNIFI I	NC [UF	T]				( 71				
(Last)	(First)	(Middle)	3. Date of	-	-	nsaction			(Chec	ck all applicable	e)		
(East)	(1130)	(windule)	(Month/Da		liai	lisaction			Director	10%	Owner		
C/O MARLI	N SAMS FU	ND.	10/25/20						Officer (give	title Oth	er (specify		
L.P., 555 MA			10/20/20						below)	below)			
19TH FLOO													
	(Street)		4 If Amer	ndment D	)ate	Original			6 Individual or I	oint/Groun Filiu	ισ(Check		
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line)			
			1 1100(11101	, <u>2</u> uj, 1 o					_X_ Form filed by				
NEW YORK	K, NY 10022								Form filed by M Person	More than One Re	eporting		
		(7.)											
(City)	(State)	(Zip)	Table	e I - Non-	De	rivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficial	lly Owned		
1.Title of	2. Transaction		3. 4. Securities					5. Amount of	6. Ownership				
Security	(Month/Day/Y		· · · · ·						Securities Beneficially	Form: Direct Indirect			
(Instr. 3)		any (Month)	/Day/Year)								Beneficial Ownership		
		Day/ I cal)	y/Year) (Instr. 8) (Instr. 3, 4 and 5)						(Instr. 4)	(Instr. 4)			
							(A)		Reported				
							or		Transaction(s)				
				Code	V	Amount		Price	(Instr. 3 and 4)				
Common Stock (1)	10/25/2017			А		4,497	А	\$0	29,545	D			
Stock <u>·</u>													

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)

### **Reporting Owners**

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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. Transactic Code (Instr. 8)	of	Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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

PRESENT SUZANNE C/O MARLIN SAMS FUND, L.P. 555 MADISON AVENUE, 19TH FLOOR NEW YORK, NY 10022

# Signatures

/s/ Suzanne 10/27/2017 Present

\*\*Signature of Reporting Person 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).
- Represents a grant of unrestricted units of common stock from the issuer for services as a director of the issuer pursuant to the issuer's (1) director compensation policy. The units were fully vested on the date of grant and will be converted into an equivalent number of shares of common stock following the reporting person's termination of services as a director of the issuer.

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.