## Edgar Filing: UNITED NATURAL FOODS INC - Form 4

| UNITED NA<br>Form 4  | ATURAL FOOD  | S INC   |   |  |            |           |                     |  |   |  |  |
|--|--|---|---|--|------------|-----------|---------------------|--|---|--|--|
| January 20, 2  | 2015   |   |   |  |            |           |                     |  |   |  |  |
| •  |  |   |   |  |            |           |                     |  | OMB AF  | PROVAL   |  |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549   |  |   |   |  |            |           |                     | OMB<br>Number:   | 3235-0287   |  |  |
| Check th<br>if no long<br>subject to<br>Section 1<br>Form 4 c<br>Form 5<br>obligatio<br>may cont<br>See Instr<br>1(b). | ger<br>5<br>16.<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5 | <b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b><br><b>SECURITIES</b><br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |   |  |            |           |                     |  |   | January 31,<br>2005<br>Estimated average<br>burden hours per<br>response 0.5 |  |
| (Print or Type ]   | Responses)   |   |   |  |            |           |                     |  |   |  |  |
| 1. Name and Address of Reporting Person <u>*</u><br>Shamber Mark   |  |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>UNITED NATURAL FOODS INC<br>[UNFI] |  |            |           |                     | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)  |   |  |  |
| (Last) (First) (Middle)<br>C/O UNITED NATURAL FOODS,<br>INC., 313 IRON HORSE WAY                                       |  |   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>01/16/2015                           |  |            |           |                     | Director 10% Owner<br>X_ Officer (give title Other (specify<br>below)<br>SVP, CFO & Treasurer  |   |  |  |
| PROVIDEN   |  |   |   | endment, Date Original<br>onth/Day/Year)         |            |           |                     | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting<br>Person |   |  |  |
| (City)   | (State)  | (Zip)   | Tab   | le I - Non-I                                     | Derivative | Secu      | rities Acqu         | uired, Disposed of   | , or Beneficial   | y Owned  |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Date<br>(Month/Day/Year)  | Execution any   |   | 3.<br>Transactic<br>Code<br>(Instr. 8)<br>Code V | (Instr. 3, | (A)<br>or | d of (D)            | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)   | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)            |  |
| Common<br>Stock  | 01/16/2015   |   |   | S  | 2,449      | D         | \$<br>77.272<br>(1) | 5,183 <u>(2)</u>   | D   |  |  |
| Common<br>Stock  |  |   |   |  |            |           |                     | 4,152  | Ι   | See footnote $(3)$   |  |

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

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#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5.<br>ofNumber<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3,<br>4, and 5) | ;                   | Date               | 7. Titl<br>Amou<br>Under<br>Secur<br>(Instr. | unt of<br>rlying                       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owne<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |

# **Reporting Owners**

| Reporting Owner Name / Address  |          | Relationships |                      |       |  |  |  |  |
|---|----------|---------------|----------------------|-------|--|--|--|--|
|   | Director | 10% Owner     | Officer              | Other |  |  |  |  |
| Shamber Mark<br>C/O UNITED NATURAL FOODS, INC<br>313 IRON HORSE WAY<br>PROVIDENCE, RI 02908 |          |               | SVP, CFO & Treasurer |       |  |  |  |  |
| Signatures  |          |               |                      |       |  |  |  |  |
| Mark E. 01/20/2015  |          |               |                      |       |  |  |  |  |

Shamber <u>\*\*</u>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).
- (1) The transaction price listed is a weighted average. Actual sale prices for these dispositions ranged from \$77.27 to \$77.29.
- (2) Amounts previously disclosed were overstated by one share due to an inadvertent oversight when reporting a transaction in September 2013.

Includes 2,378 shares of common stock allocated to the reporting person under the United Natural Foods, Inc. Employee Stock

(3) Ownership Plan and 1,774 shares of common stock allocated to the reporting person under the United Natural Foods, Inc. 401(k) Plan's UNFI Stock Fund as of January 16, 2015.

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.