KOCH CARL FREDERICK III

Form 4

December 09, 2009

FORM 4

Check this box

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB

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5. Relationship of Reporting Person(s) to

if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2. Issuer Name and Ticker or Trading

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

KOCH CARL FREDERICK III		Symbol UNITED NATURAL FOODS INC [UNFI]					Issuer (Check all applicable)				
(Last) (First) (Middle) 313 IRON HORSE WAY			3. Date of Earliest Transaction (Month/Day/Year) 12/07/2009					Director 10% Owner Self-cert (give title Other (specify below) the company of the comp			
(Street) 4. If Amendment, D Filed(Month/Day/Yea PROVIDENCE, RI 02908										rson	
(City)											
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	(A) or			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect Indirect (I) Indirect In		
Common Stock	12/07/2009			F	302	D (2)	\$ 27.51	3,606	D		
Common Stock	12/08/2009			F	201	D (3)	\$ 27.52	3,405	D		
Common Stock								8,657	I	See footnote (1)	

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

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	Expiration Date		nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						· ·
					4, and 5)						
									Amount		
						Date	Expiration	m: 1	or		
						Exercisable	Date	of	Number		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KOCH CARL FREDERICK III 313 IRON HORSE WAY PROVIDENCE, RI 02908

VP, Chief HR Officer

Signatures

Lisa N'Chonon, Power-of-Attorney,

in fact 12/09/2009

**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).
- Includes 2,300 shares of common stock allocated to Mr. Koch under the United Natural Foods, Inc. Employee Stock Ownership Plan and (1) 6,357 shares of common stock allocated to Mr. Koch under the United Natural Foods, Inc. 401(k) Plan's UNFI Stock Fund as of December 9, 2009.
- On December 7, 2009, 900 shares of United Natural Foods, Inc. (the "Company") restricted stock vested. In connection with the vesting of those shares, the Company retained 302 shares on December 7, 2009 to satisfy the related tax withholding obligations.
- On December 8, 2009, 600 shares of United Natural Foods, Inc. (the "Company") restricted stock vested. In connection with the vesting of those shares, the Company retained 201 shares on December 8, 2009 to satisfy the related tax withholding obligations.

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.

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