

Johnson David William
Form 3
November 07, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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
30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * 2. Date of Event
Requiring Statement
Johnson David William
(Last) (First) (Middle) 10/30/2018
(Month/Day/Year)

3. Issuer Name and Ticker or Trading Symbol
UNITED NATURAL FOODS INC [UNFI]

4. Relationship of Reporting Person(s) to Issuer 5. If Amendment, Date Original
Filed(Month/Day/Year)

313 IRON HORSE WAY

(Street)

(Check all applicable)

____ Director ____ 10%
Owner

X Officer ____ Other
(give title below) (specify below)
Chief Accounting Officer

6. Individual or Joint/Group
Filing(Check Applicable Line)
X Form filed by One Reporting
Person
____ Form filed by More than One
Reporting Person

PROVIDENCE, RI 02908-0999

(City)

(State)

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security
(Instr. 4)

2. Amount of Securities
Beneficially Owned
(Instr. 4)

3. Ownership
Form:
Direct (D)
or Indirect
(I)
(Instr. 5)

4. Nature of Indirect Beneficial
Ownership
(Instr. 5)

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

SEC 1473 (7-02)

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

1. Title of Derivative Security
(Instr. 4)

2. Date Exercisable and
Expiration Date
(Month/Day/Year)

3. Title and Amount of
Securities Underlying
Derivative Security
(Instr. 4)

4. Conversion
or Exercise
Price of
Derivative
Security

5. Ownership
Form of
Derivative
Security:
Direct (D)
or Indirect
(I)
(Instr. 5)

6. Nature of Indirect
Beneficial Ownership
(Instr. 5)

Date Expiration
Exercisable Date

Title

Amount or
Number of
Shares

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Employee Stock Option (right to buy)	Â (1)	04/30/2025	Common Stock	3,018	\$ 56.94	D	Â
Employee Stock Option (right to buy)	Â (1)	05/16/2024	Common Stock	3,189	\$ 48.58	D	Â
Employee Stock Option (right to buy)	Â (1)	05/07/2023	Common Stock	5,979	\$ 42.04	D	Â
Employee Stock Option (right to buy)	Â (1)	07/17/2022	Common Stock	2,300	\$ 14.77	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Johnson David William 313 IRON HORSE WAY PROVIDENCE, RI 02908-0999	Â	Â	Â Chief Accounting Officer	Â

Signatures

Joseph McGrail, Power-of-Attorney,
in fact 11/07/2018

__Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 5(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) Upon the effectiveness of the merger on October 22, 2018 (such time, the "effective time") contemplated by that Agreement and Plan of Merger (the "Merger Agreement"), dated as of July 25, 2018, as amended October 10, 2018, by and between United Natural Foods, Inc. (the "Company"), SUPERVALU, and Jedi Merger Sub, Inc., a wholly owned subsidiary of the Company, as a result of which SUPERVALU became a wholly owned subsidiary of the Company, each outstanding and unexercised SUPERVALU stock option, whether vested or unvested, was converted into an option to purchase shares of the Company's common stock generally on the same terms and conditions as applied prior to the effective time, in accordance with the terms and conditions of the Merger Agreement.

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.