FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	8)													
1. Name and Address of Reporting Person * LAZAR ROBERT			2. Issuer Name and Ticker or Trading Symbol EVI INDUSTRIES, INC. [EVI]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 4500 BISCAYNE BLVD, SUITE 340			3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021						X Officer (give title below) Other (specify below) Chief Financial Officer						
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
	FL 33137											a by More than	Tone Reporting	Croon	
(City	['])	(State)	(Zip)	Т	able I -	Non	-Derivati	e Seci	curities	Acqui	ired, Dispo	osed of, or l	Beneficially (Owned	
(Instr. 3)		2. Transaction Date (Month/Day/Year)		if Code (Instr. 8)		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)		f (D) Beneficia Reported		nt of Securities ally Owned Following I Transaction(s)		Form:	7. Nature of Indirect Beneficial		
				(Month/Day/Yea	r) Co	ode	V Am		(A) or (D)	(Instr. 3 and 4)			Direct (D) Ownership or Indirect (I) (Instr. 4)		
	Stock, \$0	.025 par	09/10/2021		A	A.	10,	303 A	A	\$ 0	43,515			D	
Reminder:		separate line for	each class of secur	rities beneficially of	wned d	F	ersons	who r				ction of inf	formation spond unle		1474 (9-02)
		separate line for	Table II -	Derivative Securi	ties Acc	quire	Persons containe the form	who r I in th displa	his for lays a o	m are curre eficial	not requesting ntly valid	ired to res		ss	1474 (9-02)
Reminder:	Report on a s	3. Transaction	Table II - 3A. Deemed Execution Day		ties Acc	quireces, opt er ative ties red sed 3,	Persons containe the form	who rad in the display dof, of ertible ercisal attion I	his for lays a of Bendele securable Date	eficial rities) 7. Ti Amo Und Secu	not requesting ntly valid	OMB con 8. Price of	spond unle	of 10. Owners Form of Derivat Security Direct (or Indir	11. Natur of Indire Benefici (Instr. 4)

Reporting Owners

1	P (1 0 V /	Relationships						
	Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
	LAZAR ROBERT 4500 BISCAYNE BLVD SUITE 340 MIAMI, FL 33137			Chief Financial Officer				

Signatures

/s/ Robert Lazar	09/14/2021
**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).

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.