## Edgar Filing: BERTOLINI ROBERT J - Form 4

BERTOLINI	ROBERT J										
Form 4											
May 15, 2018										PPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									3235-0287		
Check this if no longe subject to Section 16 Form 4 or Form 5 obligation may contin See Instruc	er <b>STATE</b> 5. Filed p <sup>s</sup> Section 1	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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								Expires:January 31 2005Estimated average burden hours per response0.5	
1(b). (Print or Type Re	esponses)										
1. Name and Address of Reporting Person <u>*</u> BERTOLINI ROBERT J			2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [CRL]				-	<ul> <li>5. Relationship of Reporting Person(s) to Issuer</li> <li>(Check all applicable)</li> <li>_X_Director10% Owner</li> </ul>			
(Me			3. Date of (Month/Da 05/14/20	-	nsaction			Officer (give below)		er (specify	
				ndment, Date Original th/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting Person</li> </ul>			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Aco	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ransaction Date 2A. Deemed		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or			er P)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/14/2018			Code V $A^{(1)}$	Amount 2,004	(D) A	Price \$ 0		D		
Common Stock	05/14/2018			A <u>(2)</u>	746	А	\$0	25,336	D		

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

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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 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)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	Amou Under Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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		
BERTOLINI ROBERT J CHARLES RIVER LABORATORIES 251 BALLARDVALE STREET WILMINGTON, MA 01887	Х					
Signatures						

/s/ Robert J. Bertolini <u>\*\*Signature of</u> Reporting Person 05/14/2018 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) Consists of 2,004 unvested restricted stock units that vest upon the earlier of 5/14/2019, or the business day prior to the Company's next annual meeting of shareholders.
- (2) This grant was made in lieu of director service fees for the term commencing May 8, 2018. The restricted stock units vest upon the earlier of 5/14/2019 or the business day prior to the Company's next annual meeting of shareholders.

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.