FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |      |  |  |  |  |  |
|--------------------------|------|--|--|--|--|--|
|                          |      |  |  |  |  |  |
| OMB Number: 3235-0287    |      |  |  |  |  |  |
| Estimated average burden |      |  |  |  |  |  |
| hours per response       | . 05 |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

|  |         |          | or Section 30(ff) or the investment Company Act or 1940  |   |   |                             |
|--|---------|----------|--|---|---|-----------------------------|
| 1. Name and Address of Reporting Person*  Knell Michael Gunnar |         |          | 2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL, INC. [ CRL ] |   | onship of Reporting Perso<br>Ill applicable)<br>Director<br>Officer (give title | 10% Owner<br>Other (specify |
| (Last) (First) (Middle) 251 BALLARDVALE STREET                 |         | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2024  |   |   | below)<br>nting Officer     |
|  |         |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)   | 6. Individual or Joint/Group Filing (Check Applicable |   |                             |
| (Street) WILMINGTON  | MA      | 01887    |  | Line)<br>X  | Form filed by One Rep<br>Form filed by More that<br>Person                      | · ·                         |
| (City)   | (State) | (Zip)    | Rule 10b5-1(c) Transaction Indication  | 1   |   |                             |

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature Form: Direct (D) or Indirect of Indirect Beneficial Execution Date. Transaction Disposed Of (D) (Instr. 3, 4 and Securities Beneficially (Month/Day/Year) Code (Instr. if any 5) (Month/Day/Year) Owned Following 8) (I) (Instr. 4) Ownership (A) or (D) Transaction(s) Price Code Amount (Instr. 3 and 4) 968(1) 01/29/2024 01/31/2024 Common Stock A A **\$0** 10,908 D Common Stock 01/29/2024 01/31/2024 F 326 D \$220.28 10.582 D

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date 8. Price of Derivative 1. Title of 3. Transaction 3A. Deemed 5. Number 7. Title and 9. Number of 10. 11. Nature Conversion Execution Date, Amount of Ownership Transaction (Month/Day/Year) Derivative or Exercise Price of if any (Month/Day/Year) (Month/Day/Year) Beneficial Security Code (Instr. Securities Security Securities Form: (Instr. 3) Securities Underlying (Instr. 5) Beneficially Direct (D) Ownership Derivative Security Acquired (A) or Derivative Security (Instr. 3 and 4) or Indirect (I) (Instr. 4) (Instr. 4) Owned Following Reported of (D) Transaction(s) (Instr. 3. 4 (Instr. 4) and 5) Amount Number Title Shares (A) (D) Code Exercisable Date

## **Explanation of Responses:**

1. Reflects shares of common stock issued following the achievement of performance goals set forth in performance share unit awards originally granted on May 28, 2021.

/s/ Michael G. Knell 01/31/2024

\*\* Signature of Reporting Person Date

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

- \* 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.

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 Number.