FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | : 0.5 | | | | | | |

| | | | | | Code V | | (A) | (D) | Date Exercisab | | Expiration | Amount or Number of Title Shares | | | | | | |
|---|---|--|---|--|--|---|--|--|--|---------------------------|---|---|---|---|---|--|---------------------------------------|--|
| 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. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo | rative rities ired r osed) | 6. Date Exercis Expiration Date (Month/Day/Yea | | isable and | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | Tal | ble II | | | | | | | | osed of, convertib | | | | d | | | |
| Common Stock 05/27/20 | | | | | 2024 | | | F | | 144 | D | \$217 | .21 | 7,651 | D | | | |
| Common Stock 05/26/2 | | | | | 024 | | | | F | | 212 | D | \$217 | 7.21 | 7,795 | D | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | ted action(s) 3 and 4) | | (Instr. 4) | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | Execution D | | on Date, Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | nd Secur Benef Owne | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | Table | I - No | n-Deriva | | satisfy t | he affir | mative | defense | condit | ons of Rule 10 | 0b5-1(c) | . See Instr | uction 10. | | con plan that to the | Siluda to | |
| (City) | (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to | | | | | | | | | | | | |
| (Street) WILMINGTON MA 01887 | | | | | | | | | | | | Forn | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 251 BALLARDAVALE STREET | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Last) C/O CHA | (First) (Middle) HARLES RIVER LABORATORIES | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/26/2024 | | | | | | | | below) below) Corporate Executive VP & CFO | | | | |
| Name and Address of Reporting Person* Pease Flavia | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL, INC. [CRL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
| | | | | | or Se | | | | | | | | | | | | | |

Explanation of Responses:

/s/ Flavia Pease

05/28/2024

** 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.