Instruction 1(b)

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

Washington, D.C. 20549

| TATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|----------|------------|---------------|------------------|

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| 1. Name and Address of Reporting Person* RENAUD REAL H | | | | | <u>C</u> | 2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [CRL] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | wner | |
|---|---|--|----------------|------------------|---|--|-------|--|------------------|--|-----------------------|---|---------------------------------------|---|---|--------------------|---|---|---------------------------------------|--|
| (Last) (First) (Middle) 251 BALLARDVALE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2004 | | | | | | | | | | | | | ow) i | | |
| (Street) WILMIN | NGTON M | 1A State) | 01887 (Zip) | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | S. Indivine) | idual or Joint/Group Filing (Check Applica Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | n | |
| (0.5) | | | | on-Deri | vativ | e Se | curit | ties Ac | auirea | d. Di: | sposed o | f. or Be | nefici | ally (| Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date | | 2. Transa | action | ction 2A. Exe | | A. Deemed xecution Date, any Month/Day/Year) | | 3. 4. Securities Disposed O Code (Instr. | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | 5. Amou Securiti Benefic Owned | | nt of es ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (111501.4) | | |
| Common | Stock | | | 02/13 | /2004 | | 02/13 | 3/2004 | М | | 15,000 | A | \$5. | 33 | 49, | 9,467 D | | D | | |
| Common | Stock | | | 02/13 | /2004 | | 02/13 | 3/2004 | S ⁽¹⁾ | | 15,000 | D | \$43.0 |)561 | 34, | 467 | | D | | |
| | | | Table II | | | | | | | | oosed of, converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion Date (Month/Day/Year) Price of Derivative | | n Date, 1 | | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | De Se | Price of crivative curity str. 5) | ivative derivative | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Stock Options (Right to buy) | \$5.33 | 02/13/2004 | 02/13/ | /2004 | M ⁽¹⁾ | | | 15,000 | 12/31/2 | 2000 | 09/29/2009 | Common Stock | 15,00 | 00 | \$5.33 | 34,793 | 3 | D | | |
| Stock Options (Right to buy) | \$16 | | | | | | | | 06/23/2 | 2001 | 06/23/2010 | Common Stock | 16,00 | 00 | | 16,000 |) | D | | |
| Stock Options (Right to buy) | \$31.97 | | | | | | | | 08/01/2 | 2002 | 08/01/2011 | Common Stock | 21,80 | 00 | | 21,800 |) | D | | |
| Stock Options (Right to buy) | \$32.15 | | | | | | | | 07/15/2 | 2005 | 07/15/2012 | Common Stock | 23,40 | 00 | | 23,400 |) | D | | |
| Stock Options (Right to buy) | \$32.87 | | | | | | | | 07/23/2 | 2004 | 07/23/2013 | Common Stock | 40,40 | 00 | | 40,400 |) | D | | |

Explanation of Responses:

1. This trade occured pursuant to a 10b5-1 Trading Plan.

Dennis R. Shaughnessy

02/13/2004

** Signature of Reporting Person

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

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.

 $^{^{\}star}$ 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).