Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

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

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* WALLMAN RICHARD F					<u>C1</u>	2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL, INC. [CRL]										all app	ionship of Reporting all applicable) Director		erson(s) to Is	
(Last) 251 BAI	(Fir	st) (I	Mido	lle)	3. [3. Date of Earliest Transaction (Month/Day/Year) 11/02/2020										Officer (give title below)		Other (s below)		specify
(Street) WILMINGTON MA 01887 (City) (State) (Zip)					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oity)	(00			Non-Deriva	ative	Secu	ritios	Δα	aui	red [)iei	nosed o	of or	Renef	icially	Own	od.			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Ye	2A. Deem		ned n Date,	3. Tr C	3. Transaction Code (Instr. 8)		Disposed of, or Benef 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				5. Am Secur Benef Owne Follow	5. Amount of Securities Beneficially Owned Following		m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								C	Code V		Amount (A		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				
Common Stock				11/02/2020	0						1	1,150	A	\$232.9583(1)		(1) 31,715			D	
Common Stock			11/02/2020	0			P		6	5,050	A	\$233.2404(2)		6,050			I	By Wife		
		Tal	ble	II - Derivati (e.g., pu												Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Ex if a	. Deemed ecution Date, iny onth/Day/Year)		e (Instr.	of Deriv Secu Acqu (A) or Dispo	expirat vative urities uired posed b) vr. 3, 4			Date Exercisable and cpiration Date lonth/Day/Year)			itle and ount of curities derlying ivative curity (Ins and 4)	Der Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e v	Date (A) (D) Exercisal					Expiration Date	Title	Numb						

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$232.7 to \$233. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 2. This transaction was executed in multiple trades at prices ranging from \$232.76 to \$233.5. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

/s/ Richard F. Wallman

11/03/2020

** 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.