

UNITED STATES  
SECURITIES AND  
EXCHANGE  
COMMISSION

FORM  
4 WASHINGTON,  
D.C. 20549 OMB  
APPROVAL

Check  
this box if no  
STATEMENT OF  
CHANGES IN  
BENEFICIAL  
OWNERSHIP OMB  
Number: 3235-  
0287 longer  
subject to  
Expires:  
January 31,  
2005 Section  
16. Form 4 or  
Filed pursuant  
to Section  
16(a) of the  
Securities  
Exchange Act of  
1934, Estimated  
average burden  
Form 5  
obligations may  
Section 17(a)  
of the Public  
Utility Holding  
Company Act of  
1935 or hours  
per response  
. . . . 0.5  
continue. SEE  
Section 30(h)  
of the  
Investment  
Company Act of  
1940

Instruction  
1(b). (Print or  
Type Responses)

1. Name and  
Address of  
Reporting  
Person\* 2.  
Issuer Name AND  
Ticker or  
Trading Symbol  
6. Relationship  
of Reporting  
Person(s) to  
Issuer (Check  
all applicable)  
Renaud Real H  
Charles River  
Laboratories  
Intl., Inc  
(CRL) Director

10% Owner ----

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-----  
-----  
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----- X  
Officer (give  
Other (Last)  
(First)  
(Middle) 3.  
I.R.S.

Identification  
4. Statement  
for ---- title  
---- (specify  
Number of  
Reporting  
Month/Day/Year  
below) below)  
Person, if an  
entity

(voluntary)  
02/28/2003 Sr.  
Vice President  
251 Bellardvale  
Street - -----

-----  
-----  
-----  
-----

(Street) 5. If  
Amendment, 7.  
Individual or  
Joint/Group  
Filing Date of  
Original (Check  
Applicable  
Line)

(Month/Day/Year)  
\_X\_Form filed  
by One  
Reporting  
Person \_\_\_Form  
filed by More  
than One  
Wilmington MA  
01887 Reporting  
Person - -----

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-----  
-----  
-----

----- (City)  
(State) (Zip)  
TABLE I - NON-  
DERIVATIVE  
SECURITIES  
ACQUIRED,  
DISPOSED OF, OR  
BENEFICIALLY  
OWNED - -----

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-----  
-----  
-----

----- 1. Title  
of 2. Trans-















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.  
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.