FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| hours per response: | 0.5 | | | | | |

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

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* | | | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| FOSTER JAMES C | | | | | | | INTERNATIONAL INC [CRL] | | | | | | | | | | X Director | | | 10% Owner | |)wner | | | |
| (Last) (First) (Middle) | | | | | | | | | | | | | | | | | X | Officer (give title below) | | Other (specify below) | | | | | |
| 251 BALLARDVALE STREET | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2017 | | | | | | | | | | | Cha | airman, Pre | sident | and CE | O | | | |
| 201 DALLARD VALE STREET | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Indi Line) | Individual or Joint/Group Filing (Check Applicable ne) | | | | | | | |
| WILMINGTON MA 01887 | | | | | | | | | | | | | | | | | | | Form filed by One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| | | | Tobl | o I. Nor | Dori | otiv c | | | ritio | o A o o | uirod | Dict | 20004.0 | f 0 | r Do | nofic | برااماد | Own | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Se | 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (| | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | | | |
| | | | | | Code | v | Amount | | (A) o (D) | r Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | | | | | |
| Common S | 02/1 | 7/2017 | 7 | | | | G | V | 5,000 | | D | | \$ <mark>0</mark> | 369,381 | | D | | | | | | | | | |
| Common Stock 02/2 | | | | | | | 2/2017 | | | | | | 2,866 | 5 | D | \$ | 88.4 | 366,515 | | D | | | | | |
| Common Stock | | | | | | | | | | | | | | | | | | | 340 | | I | By Trust | | | |
| Common Stock | | | | | | | | | | | | | | | | | | 10,000 | | I | | Held By Spouse | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | 2. Conversic or Exercis Price of Derivative Security | e (Month/ | action Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr 8) | | n of | | | 6. Date E: Expiration (Month/D | n Date | e ar) | or | | of es ng re (Instr. : | Der Sec (Ins | Price of ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ow For Dire or I (I) (| Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | v | | (A) | | Date Exercisal | | Expiration Date | Title | | of Shares | | | | | | | | | |

Explanation of Responses:

/s/ James C. Foster

02/22/2017

** 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.