FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

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Estimated average burden 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

Name and Address of Reporting Person* Kochevar Deborah Turner					<u>CI</u>	2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [CRL]										ionship of Reporting all applicable) Director Officer (give title		10	to Issuer % Owner her (specify	
(Last) (First) (Middle) 251 BALLARDVALE STREET				3. Date of Earliest Transaction (Month/Day/Year) 08/11/2009									below)		be	low)				
(Street) WILMIN (City)	IGTON M)1887 Zip)		4. If	Ame	endment	, Date o	f Origina	l Filed	d (Month/Da	ay/Year)		. Indivine)	Form	n filed by One n filed by Mor	e Reporting		;
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	, Dis	posed o	f, or	Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) Sec Bei		ount of ities icially d Following	6. Ownersh Form: Dire (D) or Indir (I) (Instr. 4)	of Indirect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A)	or	Price		Transa	action(s) 3 and 4)		(,	
Common Stock				08/11/	1/2009				S		1,800		D	\$32.	502	3,730		D		
Common Stock				08/11/	2009				S		100]	D	\$32.505		5 3,630		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	Conversion Date Or Exercise (Month/Day/Year) Price of Derivative Execution Date, if any (Month/Day/Year)		n Date,		ransaction of Derivate (Instr.) Acq (A) Disg of (I (Instr. and		rative rities iired r osed) c. 3, 4			e Amount of		ount				Owners Form: Direct (or Indir (I) (Inst	Beneficia O) Ownersh ect (Instr. 4)	ect ial ship	

Explanation of Responses:

/s/Deborah Kochevar

08/12/2009

** 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.