FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
vasiliigion,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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* FOSTER JAMES C				<u>CF</u>	2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
					_ <u>IN</u>	INTERNATIONAL, INC. [CRL]								X	Officer			10% Ow Other (s		
(Last) (First) (Middle)					3. D	3. Date of Earliest Transaction (Month/Day/Year)								X	below)	(give title	below)		pecity	
251 BALLARDVALE STREET					05/	26/2	2023							Chairman, President and CEO						
							endment, D	ate o	f Original	Filed	(Month/Day	y/Year)	6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line)						
WILMINGTON MA 01887														X Form filed by One Reporting Person Form filed by More than One Reporting						
					-										Person		e iliali	TOTIE REPO	ung	
(City) (State) (Zip)					Ri	Rule 10b5-1(c) Transaction Indication														
					'''	Traile 2000 2(0) Traileaction maleation														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		Tal	ole I - No	n-Deri	vative	Se	curities	Acc	quired,	Dis	posed o	f, or Be	neficia	ally	Owned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				and 5) Securitie Beneficia Owned F		es Form		m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount (A) or (D)		Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 05/29/2					9/2023	2023 F 1,274 D		\$194	1.12	2 199,523			D							
			Table II -	Deriva	ative S	Sec	urities A	Car	ired. D	isn	osed of,	or Ben	eficial	v O	wned					
											onvertik									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transac Code (In 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amour or Number of Shares	er		(Instr. 4)	on(a)			
Stock Options (Right to Buy)	\$194.12	05/26/2023			A		28,176 ⁽¹⁾		05/26/20	24	05/26/2033	Commor Stock	28,17	6	\$194.12 28,170		5	D		

Explanation of Responses:

1. Stock Options vest as follows: 7,044 on May 26, 2024, 7,044 on May 26, 2025, 7,044 on May 26, 2026 and 7,044 on May 26, 2027.

/s/ James C. Foster

05/31/2023

** Signature of Reporting Person

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.