FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* Molho Davide | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [CRL] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title Other (specify below) | | | | | | |
|---|-----|--|---------|---------------------|------------------------------|--|---|---------|---|-------|---------------------|--|--------------------------------------|--|--|--|---------------|--|--|--|
| (Last) (First) (Middle) 251 BALLARDVALE STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/05/2017 | | | | | | | | | below) below) Corporate Executive VP | | | | | |
| (Street) WILMINGTON MA 01887 (City) (State) (Zip) | | | | | - 4. If | | | | | | | | | Line) | ndividual or Joint/Group e) X Form filed by One Form filed by Mor Person | | | porting Pers | son | |
| (City) | (51 | | (Zip) | lon Doris | rativo | Soci | urition | Λ.ο.ο | uiro | 4 D | icnocod o | f or D | onofi | cially | Own | | | | | |
| Date | | | | 2. Transact Date | Transaction ate | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities | Acquired (A) or (D) (Instr. 3, 4 an | | 5. Amount of | | unt of ies :ially Following | Form (D) o | n: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | ď | Code | v | Amount | (A) or (D) | Price | | Transa (Instr. 3 | ction(s) | | | (mau. 4) | |
| Common Stock | ζ. | | | 09/05/2 | 017 | | | | S | | 100 | D | \$10 | 8.31 | 19 |),117 | | D | | |
| Common Stock | | | | 09/05/2017 | | | | | S | | 400 | D | \$108 | \$108.335 | | 18,717 | | D | | |
| Common Stock | | | | 09/05/2017 | | | | | S | | 201 | D | \$10 | \$108.36 | | 18,516 | | D | | |
| Common Stock | | | | 09/05/2017 | | | | _ | S | | 467 | D | \$108 | \$108.395 | | 18,049 | | D | | |
| Common Stock | | | | 09/05/2017 | | | | \perp | S | | 600 | D | \$108 | \$108.405 | | 17,449 | | D | | |
| Common Stock | | | | 09/05/2017 | | | | | S | | 100 | D | \$10 | \$108.43 | | 7,349 | | D | | |
| Common Stock | | | | 09/05/2017 | | | | | S | | 100 | D | \$108 | \$108.525 | | 7,249 | | D | | |
| Common Stock | | | | 09/05/2017 | | | | | S | | 100 | D | \$108.545 | | 17 | 17,149 | | D | | |
| Common Stock 09/0 | | | | 09/05/2 | 09/05/2017 | | | | S | | 200 | D | \$108.55 | | 16,949 | | | D | | |
| Common Stock | | | | 09/05/2017 | | | | | S | | 300 | D | \$108.56 | | 16,649 | | D | | | |
| Common Stock (| | | | 09/05/2017 | | | | | S | | 100 | D | \$10 | \$108.6 | | 16,549 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 47,017 | | | | By Revocable Trust | |
| | | Т | able II | | | | | | | | osed of, convertib | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 1. Title of Convers or Exerc Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | if any | | 4. Transa Code (8) | ction | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exer Expiration I (Month/Day) | | cisable and late | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | Der Sec (Ins | ivative curity Str. 5) E | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Explanation of Re | | | | | Code | v | (A) (D | | Date Exerci | sable | Expiration Date | Title | Amour or Numbe of Shares | er | | | | | | |

/s/ Davide A. Molho

09/06/2017

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).