FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| l | 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* URQUHART JOHN | | | | <u>CF</u> | 2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [CRL] | | | | | | | | | k all applic | cable) | 10% Owr | | ner | |
|--|---------|------------|--------------------|----------------------------------|---|--|--------|-----------------------------------|---|---|--------------------|---|---------------------------------------|---------------------------------|---|---------|---|--|-----------|
| (Last) (First) (Middle) 251 BALLARDVALE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/20/2004 | | | | | | | | | below) | (9 | | below) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| , | IGTON M | | 01887 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (3 | | (Zip) | n-Deriv | /ative | Sec | uritie | s Ac | auired. | Dis | nosed c | of, or Be | nefici | ially | Owner | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | action | ction 2A. Executy/Year) if an | | A. Deemed execution Date, | | 3. 4. Son Display Code (Instr. 5) | | urities Acquired (A) o sed Of (D) (Instr. 3, 4 | | or 5. Amou Securiti Benefici Owned | | nt of s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | Reporte Transac (Instr. 3 | | tion(s) | | (| Instr. 4) |
| Table II - De | | | Deriva (e.g., p | | Secucalis | Ils, warrants, 5. Number 6. of E | | 6. Date Ex Expiration | A 23,738 sired, Disposed of options, convertions, convertions. Date Exercisable and Expiration Date (Month/Day/Year) | | A A | | 8 D S | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | I T J J J T T | Shares seld of ecord by Jrquhart Family Trust J/D/T, John and Jrquhart, Trustees 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal: | | Expiration Date | Title | Amoui or Number of Shares | er | | | | | |
| Employee Stock Option (right to buy) | \$18.75 | 10/20/2004 | | | A | | 4,000 | | (3) | C |)4/29/2013 | Common Stock | 4,000 | 0 | \$ 0 ⁽¹⁾ | 4,000 | | D | |
| Employee Stock Option (right to buy) | \$37.5 | 10/20/2004 | | | A | | 4,000 | | (3) | C | 05/04/2014 | Common Stock | 4,000 | 0 | \$0 ⁽¹⁾ | 4,000 | | D | |

Explanation of Responses:

- 1. Shares and options to purchase shares of Issuer common stock were acquired pursuant to the transactions contemplated by the Agreement and Plan of Merger dated as of June 30, 2004, by and among the Issuer, Inveresk Research Group, Inc. Indigo Merger I Corp. and Indigo Merger II LLC (successor to Indigo Merger II Corp.).
- 2. Received in exchange for 49,456 shares of Inveresk common stock in connection with the Merger.
- 3. Immediately.

/s/ Rushna Heneghan as attorney-in-fact for John

10/22/2004

Urguhart

** 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.