FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
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Washington,	D.C.	20549	
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OMB Number: ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
\Box	Form 2 Holdings Donorted

OWNERSHIP

N BENEFICIAL	Omb Hambon	0200 0002
	Estimated average burde	n
	hours per response:	1.0

OMB APPROVAL

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	Transaction Code (Instr.	of	1							ivative urity			Ownershi _l Form:	of Indirect Beneficial
					Execution Date, Transaction of			ate Exercisable and ration Date Amount Securiti		e and	8. P	rice of	9. Number of derivative Securities		10.	11. Nature	
		Ta	ble II - Derivat (e.g., pı	ive Secur uts, calls,									wned				
Common	Stock		08/28/2018			G		1,	055	D	\$0	0 34,328 D				D	
Common	Stock		08/30/2018			G		2	10	D	\$0	60 34,328 D					
		(Month/Day/Year)		8)		Amour	nt	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)		
`` ' ı		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Dispose	Securiti Benefic		es ally	6. Ownership Form: Direct	rship : Direct	7. Nature of Indirect Beneficial	
		Table	e I - Non-Deriv	ative Sec	uritie	es Acq	uire	d, Dis	posed	of, or	Benefic	ially	Owne	ed			
(City)	(Sta	ate) (Z	Zip)								Form filed by More than One Reporting Person					porting	
(Street) WILMINGTON MA 01887				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Last) 251 BAL	t) (First) (Middle) BALLARDVALE STREET				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/29/2018						below) below)						
Name and Address of Reporting Person* CHUBB STEPHEN D			2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [CRL]						5. Relationship of Repo (Check all applicable) X Director Officer (give tit			10%		Owner r (specify			
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior													

Explanation of Responses:

/s/ Stephen D. Chubb

Number

01/24/2019

** 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.