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

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|---|---|--|--|------------|---|---|---|------------|------------------|--|---------------------|--|---|----------------------|---------------------------------|--|--|---|--|
| 1. Name and Address of Reporting Person* GELLER JORG | | | | | | 2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [CRL] | | | | | | | | | Check | all app | olicable) | g Person(s) to Is 10% 0 Other | |
| (Last) (First) (Middle) 251 BALLARDVALE STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015 | | | | | | | | | X below) Corporate Executive VP | | | | |
| (Street) WILMINGTON MA 01887 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivi ine) X | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | | reis | OII | | |
| | | Tab | le I - Non | -Deriv | ative | Se | curiti | es Ac | quired, | Dis | posed o | f, o | r Ben | eficia | ally (| Owne | d | | |
| Date | | | | Date | 2. Transaction Date Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transa | ted action(s) 3 and 4) | | (Instr. 4) |
| Common | Stock | | | 02/17 | //2015 | 5 | | | S | | 100 | | D | \$73 | .68 | 2 | 5,341 | D | |
| Common | | 02/17 | 02/17/2015 | | | | S | | 300 | | D | \$73 | 73.69 | | 5,041 | D | | | |
| Common Stock | | | | 02/17 | 02/17/2015 | | | | S | | 570 | | D | \$73 | 73.7 | | 4,471 | D | |
| Common Stock | | | | 02/17/2015 | | 5 | | | S | | 100 | | D | \$73 | \$73.71 | | 4,371 | D | |
| Common Stock | | | | 02/17/2015 | | | | | S | | 400 | | D | \$73.72 | | 2 | 3,971 | D | |
| Common Stock | | | | 02/17 | 7/2015 | | | | S | | 300 | | D | \$73.73 | | 23,671 | | D | |
| Common Stock | | | | 02/17 | 17/2015 | | | | S | | 200 | | D | \$73.74 | | 23,471 | | D | |
| Common Stock | | | | 02/17 | 02/17/2015 | | | | S | | 200 | | D | \$73 | .75 | 2 | 3,271 | D | |
| Common Stock | | | | 02/17 | 02/17/2015 | | | | S | | 100 | | D | \$73 | .76 | 2 | 3,171 | D | |
| Common Stock 02/1 | | | | | //2015 | 5 | | | S | | 200 | | D | \$73.77 | | 22,971 | | D | |
| Common Stock 02/17/2 | | | | | //2015 | 5 | | | | | 100 | | D | \$73.79 | | 22,871 | | D | |
| | | Ta | able II - D | | | | | | | | sed of, onvertib | | | | y Ow | ned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | d Date, | 4. Transacti Code (Ins | | 5. Number 6 | | 6. Date E | 6. Date Exercisa Expiration Date Month/Day/Yea | | 7. T Ame Sec Und Der | 7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) | | | vative deri urity Sec r. 5) Ben Owi Foll Rep Trar | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount mber ares | | | | | |

Explanation of Responses:

/s/Jorg Geller

02/17/2015

** Signature of Reporting Person

Date

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).