SEC Form 4
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## FORM 4

Check this box if no longer subject

1. Title of Security (Instr. 3)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

7. Nature of Indirect

to Section 16. Fo obligations may o 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			Estimated aver hours per resp	0	0.5
1. Name and Addres FOSTER JAN (Last) 251 BALLARD	MES C (First)	on* (Middle)	2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL, INC. [ CRL ] 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023		all applicab Director Officer (giv below)		10% Owner Other (speci below)	
(Street) WILMINGTON	MA	01887	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	Form filed	t/Group Filing ( by One Report by More than (	ting Person	
(City)	(Sidle)	(Zip)	Rule 10b5-1(c) Transaction Indication			n or written plan t	hat is intended	to

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2. Transaction Date 2A. Deemed Execution Date, 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5. Amount of Securities 6. Ownership Form: Direct 3 Transaction

(Month/Day/Year)	if any (Month/Day/Year)			5)			Owned Following	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
							4,328	Ι	2021 GRAT	
							11,000	Ι	2022 GRAT	
							20,000	Ι	2023 GRAT	
08/10/2023		G	v	2,500	D	\$ <mark>0</mark>	197,023	D		
							750	Ι	By Trust	
							340	Ι	By Trust	
							2,250	Ι	By Trust	
							10,000	Ι	Held By Spouse	
		(Month/Day/Year)	(Month/Day/Year) 8) Code	(Month/Day/Year)         8)           Code         V           Image: Comparison of the second sec	(Month/Day/Year)         8)           Code         V         Amount           Image: Imag	(Month/Day/Year)         8)         (Amount)         (A) or (D)           Code         V         Amount)         (A) or (D)           Image: Image	(Month/Day/Year)         8)         (Anount)         (A) or (D)         Price           Code         V         Amount         (A) or (D)         Price           Image: Im	$\left  \begin{array}{c c c c c c } & (Month/Day/Year) \\ \hline & (Month/Day/Year) \\ \hline & \hline$	$\left  \begin{array}{c c c c c c c c c c c c c c c c c c c $	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

/s/ James C. Foster

08/14/2023

\*\* 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.