| Edgar | Filing: | CHARL | ES RIV | 'ER LA | BORAT | ORIES | INTERN | IATIONAL | INC - | Form - | 4 |
|-------|---------|-------|--------|--------|-------|--------------|--------|----------|-------|--------|---|
| - 3 | | | | | | | | | | | |

| CHARLES I Form 4 January 14, 2 | RIVER LABORA 2014 | ATORIES | INTER | NATION | AL INC | | | | | | |
|---|--|--|-------------------|--|--|------------------------------------|----------------------|--|---|------------------------------------|--|
| FORN Check th | UNITED | STATES | | RITIES A shington, | | | NGE C | OMMISSION | OMB AF OMB Number: | PROVAL 3235-0287 January 31, | |
| if no long subject to Section 1 Form 4 of Form 5 obligation may com See Instr 1(b). | ger 5 16. 5 5 5 5 5 5 5 5 5 5 5 5 5 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | | | |
| (Print or Type] | Responses) | | | | | | | | | | |
| JOHST DAVID P Symbol CHARL LABOR | | | | r Name and LES RIVE RATORIE NATION | ER ES | | - | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
| | | | | f Earliest Tr Day/Year) | | | .1 | | | | |
| | | | | ndment, Date Original hth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| (City) | | (Zip) | Tabl | a I Non D | anivativa (| Soouri | tion A am | Person uired, Disposed of | or Popoficial | w Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | ned 1 Date, if | 3. | 4. Securit on(A) or Dis (Instr. 3, 4 | ies Ac sposed 4 and 5 (A) | quired of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect | |
| Common Stock | 01/13/2014 | | | Code V M | Amount 19,750 | or (D) A | Price \$ 37.03 | (Instr. 3 and 4) 161,549 | D | | |
| Common Stock | 01/13/2014 | | | S <u>(1)</u> | 19,750 | D | \$ 58 | 141,799 | D | | |

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

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 control number.

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 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. Transactio Code (Instr. 8) | 5. Number of iorDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|--------|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Stock Options (Right to Buy) | \$ 37.03 | 01/13/2014 | | М | | 19,750 | 02/25/2012 | 02/25/2018 | Common Stock | 19,750 |

Reporting Owners

| Reporting Owner Name / Addr | ess | Relationships | | | | | | | | |
|---|------------|---------------|-------------------|-------|--|--|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | | | |
| JOHST DAVID P 251 BALLARDVALE STRE WILMINGTON, MA 01887 | EET | | Corp Executive VP | | | | | | | |
| Signatures | | | | | | | | | | |
| /s/David Johst | 01/14/2014 | | | | | | | | | |

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).

Date

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) This sale occured pursuant to a 10b5-1 Trading Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

**Signature of

Reporting Person