FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OIVID AFFROVAL								
OMB Number:	3235-028							
Estimated average b	urden							

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

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

1. Name and Address of Reporting Person* FOSTER JAMES C		2. Issuer Name <b>and</b> Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL INC [ CRL ]							tionship of Reportin all applicable) Director		rson(s) to Issuer 10% Owner	
(Last) (First) (Middle) 251 BALLARDVALE STREET		3. Date of Earliest Transaction (Month/Day/Year) 12/10/2018						X	Officer (give title below)  Chairman, Pre	below)		
(Street) WILMINGTON MA 01887		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     Form filed by More than One Reporting				
(City) (State) (Zip)										Person		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3)  2. Tran- Date (Month		-	Execution Date,	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	Amount	(A) or (D)	Price	•	Transaction(s) (Instr. 3 and 4)		(
Common Stock	12/10/2	018		S <sup>(1)</sup>		100	D	\$12	28.65	287,648	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		100	D	\$1	28.8	287,548	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		100	D	\$12	28.84	287,448	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		4	D	\$12	28.98	287,444	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		300	D	\$12	29.02	287,144	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		100	D	\$1	29.1	287,044	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		100	D	\$13	29.11	286,944	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		96	D	\$12	9.145	286,848	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		157	D	\$12	29.15	286,691	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		57	D	\$13	29.16	286,634	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		200	D	\$12	29.17	286,434	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		100	D	\$12	29.19	286,334	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		186	D	\$1	29.2	286,148	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		100	D	\$12	29.22	286,048	D	
Common Stock	12/10/2018			S <sup>(1)</sup>		77	D	\$129.235		285,971	D	
Common Stock	12/10/2	018		S <sup>(1)</sup>		200	D	\$12	29.43	285,771	D	
Common Stock										18,390	I	2017 GRAT
Common Stock										340	I	By Trust
Common Stock									10,000	I	Held By Spouse	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
L. Title of Conversion Date 3A. Deemed 4. Execution Date, Transaction Transaction Date, Date Date Date Date Date Date Date Date		I. Fransac Code (Ir	5. Number of	1		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pr Deriv Secu (Inst		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Explanation of Perpanser:	C	Code	V (A) (D)	Date Exercis	sable	Expiration Date	1	Amoun or Numbe of Shares	r			

/s/ James C. Foster

12/11/2018

\*\* 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.