Г

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See |
|---|
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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- | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| 1. Name and Address of Reporti <u>THIER SAMUEL O N</u> | • | 2. Issuer Name and Ticker or Trading Symbol <u>CHARLES RIVER LABORATORIES</u> <u>INTERNATIONAL INC</u> [CRL] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify |
|---|-------|--|---|
| (Last) (First) (Middle) 251 BALLARDVALE STREET | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2012 | below) below) |
| (Street) WILMINGTON MA 01887 | | 4. If Amendment, Date of Original Filed (Month/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) (State) | (Zip) | | Person |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Da if any (Month/Day/Year) | | ecution Date, Transaction | | | | | | Form: Direct | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--|---------------------------|---|----------------------|---------------|-------------------|--|--------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/09/2012 | | Α | | 4,040 ⁽²⁾ | Α | \$ <mark>0</mark> | 18,230 | D | |

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. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5) | tive ties red sed 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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 | | | | |
| Stock Options (Right to Buy) | \$33.93 | 05/09/2012 | | A | | 4,540 | | 05/09/2013 ⁽¹⁾ | 05/09/2019 | Common Stock | 4,540 | \$0 | 4,540 | D | |

Explanation of Responses:

1. The Stock Options become exercisable upon the earlier of 5/9/2013 or the business day prior to the Company's next annual meeting of shareholders.

2. Reflects Restricted Shares of Common Stock that vest upon the earlier of 5/9/2013 or the business day immediately preceeding the next annual meeting of shareholders of the issuer.

/s/ Samuel O. Thier, MD 05/11/2012

** 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.