FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

	ction 1(b).	140. 000		Filed							urities Excha Company Ac				Lno	ours per r	esponse:	U.:
1. Name and Address of Reporting Person* Parisotto Shannon M				2. Issuer Name and Ticker or Trading Symbol CHARLES RIVER LABORATORIES INTERNATIONAL, INC. [CRL]									Check all app Direct	below)		10% Owner		
(Last) (First) (Middle) C/O CHARLES RIVER LABORATORIES 251 BALLARDVALE STREET						3. Date of Earliest Transaction (Month/Day/Year) 05/29/2024												helov
					4. If .	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) WILMINGTON MA 01887			7		X Form filed by One Reporting Pe Form filed by More than One Re Person													
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication														
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - I	Non-Deriva	tive	Secu	rities	Ac	quire	ed, D	isposed	of, or	Benefic	ially Own	ed			
Date			2. Transaction Date (Month/Day/Y	Execution		n Date,		Transaction					Securities Beneficia Owned Fo	Beneficially Dwned Following		Direct t (I)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Transacti	Reported Transaction(s) (Instr. 3 and 4)		*'	(Instr. 4)	
Common Stock			05/29/2024				_	F		110	D	\$214.5	1 6,679		D			
Common Stock													26,5	529]]	by Karpathos Investmen LLC	
		Та	ble	II - Derivati (e.g., pu							sposed of , convert				d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Ex (Month/Day/Year) if a	Exe if ar	Deemed cution Date, ny nth/Day/Year)		Transaction of Code (Instr. B) Se Ad (A Di of		osed) r. 3, 4	Exp (Mo	iration	ercisable and I Date y/Year)	Amo Secu Unde Deriv	ele and unt of irities erlying vative irity (Instr. d 4)	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow Report Transa (Instr. 4	ve jest Owner Form: Direct or India (I) (Insect or India ction(s)		Benefic O) Owners
					Code	v	(A)	(D)	Date Exe	e rcisab	Expiratio le Date		Amount or Number of Shares					

Explanation of Responses:

/s/ Shannon M. Parisotto

05/30/2024

** 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).