Edgar Filing: Aramark - Form 4

Aramark											
Form 4											
March 03, 2	_										
FORM	14_{UNITED}) STATES	SECU	RITIES A	ND FXC	ΉΔΝ	GE C	OMMISSION	-	PROVAL	
	UNITEL	JAIL			D.C. 205		ULC		OMB Number:	3235-0287	
Check this box if no longer				CHANGES IN BENEFICIAL OWNE					Expires:	January 31,	
								NERSHIP OF	•	2005	
Section 16.				SECURITIES					Estimated average burden hours per		
Form 4 c Form 5			a		a	-			response	0.5	
obligatio							•	e Act of 1934,	•		
may con	unue.			•	Company			1935 or Section	1		
<i>See</i> Instr 1(b).	ruction	50(II)	of the m	ivestinent	company	1101	01 1 7 4	.0			
1(0)											
(Print or Type]	Responses)										
1 Nome and /	Advage of Departin	a Daman *						5 Deletionship of	Donostin a Dos	an(a) to	
SADOVE STEPHEN I Symbol				2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK]				5. Relationship of Reporting Person(s) to Issuer			
(Last)				Date of Earliest Transaction				(Check all applicable)			
(Last)	(First)	(windule)		Day/Year)	ansaction			X Director	10%	Owner	
C/O ARAM	IARK, 1101 MA	ARKET	03/01/2	-				Officer (give	title Othe	er (specify	
STREET								below)	below)		
(Street) 4			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(M				led(Month/Day/Year)				Applicable Line) _X_Form filed by One Reporting Person			
		7						_X_ Form filed by C Form filed by M	1 0		
FHILADEL	LPHIA, PA 1910)/						Person			
(City)	(State)	(Zip)	Tab	le I - Non-E	Derivative S	ecuriti	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Da	te 2A. Deer	med	3.	4. Securiti			5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year	 Executio any 	n Date, if		on(A) or Disposed of (D) (Instr. 3, 4 and 5)			Securities	Ownership	Indirect	
(Instr. 3)		Code (Instr. 3, Day/Year) (Instr. 8)			, - anu <i>5</i>)		Beneficially Owned	Form: Direct (D) or	Ownership		
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common					57.3047						
Stock	03/01/2017			А	(1)	А	\$0	27,413.6477	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.

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

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

Edgar Filing: Aramark - Form 4

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exerc		7. Titl		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						Ì
					4, and 5)						
					· · ·						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excretisuole Date	of				
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Other			
SADOVE STEPHEN I C/O ARAMARK 1101 MARKET STREET PHILADELPHIA, PA 19107	Х						
Signatures							
/s/ Robert T. Rambo, as Attorney-in-fact	03/03/2017						
**Signature of Reporting Person		Date	e				

Explanation of Responses:

- * 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).
- (1) Represents dividend equivalent rights in connection with the Issuer's quarterly dividend and accrued to the reporting person on deferred stock units held by the reporting person. These dividend equivalent rights vest on the same schedules as the underlying awards.

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.