### Edgar Filing: MCKEE LYNN - Form 4

| MCKEE LY   | NN                                   |   |   |   |                                     |                              |               |   |  |                    |  |
|--|--------------------------------------|---|---|---|-------------------------------------|------------------------------|---------------|---|--|--------------------|--|
| Form 4<br>March 05, 20   | )18                                  |   |   |   |                                     |                              |               |   |  |                    |  |
| FORM   | 14                                   |   |   |   |                                     |                              |               |   | OMB AI   | PPROVAL            |  |
|  | UNITEL                               | ) STATES  |   | RITIES A<br>shington,                         |                                     |                              | NGE (         | COMMISSION  | OMB<br>Number:   | 3235-0287          |  |
| Check thi<br>if no long<br>subject to<br>Section 1<br>Form 4 o   | ger <b>STATE</b><br>6.<br>r          | ox<br>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES |   |   |                                     |                              |               |   |  |                    |  |
| Form 5<br>obligations<br>may continue.<br>See Instruction<br>1(b).<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,<br>Section 17(a) of the Public Utility Holding Company Act of 1935 or Section<br>30(h) of the Investment Company Act of 1940 |                                      |   |   |   |                                     |                              |               |   |  |                    |  |
| (Print or Type F   | Responses)                           |   |   |   |                                     |                              |               |   |  |                    |  |
| 1. Name and Address of Reporting Person <u>*</u><br>MCKEE LYNN   |                                      |   | 2. Issuer Name <b>and</b> Ticker or Trading<br>Symbol<br>Aramark [ARMK] |   |                                     |                              |               | 5. Relationship of Reporting Person(s) to Issuer  |  |                    |  |
| (Last)   | (First)                              | (Middle)  |   | -   | -                                   |                              |               | (Check all applicable)  |  |                    |  |
| C/O ARAMARK, 1101 MARKET<br>STREET   |                                      |   | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>03/01/2018       |   |                                     |                              |               | Director 10% Owner<br>X_ Officer (give title Other (specify<br>below) below)<br>EVP, Human Resources  |  |                    |  |
|  |                                      |   |   | Amendment, Date Original<br>I(Month/Day/Year) |                                     |                              |               | <ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul> |  |                    |  |
| PHILADEL   | PHIA, PA 1910                        | )7  |   |   |                                     |                              |               | Person  |  | porting            |  |
| (City)   | (State)                              | (Zip)   | Tabl  | e I - Non-D                                   | erivative S                         | ecuri                        | ties Aco      | quired, Disposed of   | , or Beneficial  | ly Owned           |  |
| 1.Title of<br>Security<br>(Instr. 3)   | 2. Transaction Da<br>(Month/Day/Year | r) Execution<br>any   | med<br>on Date, if<br>Day/Year)   | Code<br>(Instr. 8)                            | on(A) or Dis<br>(D)<br>(Instr. 3, 4 | sposed<br>and f<br>(A)<br>or | l of<br>5)    | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 3 and 4)  | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |                    |  |
| Common<br>Stock  | 03/01/2018                           |   |   | Code V<br>A                                   | Amount<br>58.893<br>(1)             | (D)<br>A                     | Price<br>\$ 0 | 250,967.924   | D  |                    |  |
| Common<br>Stock  |                                      |   |   |   |                                     |                              |               | 50,000  | Ι  | See footnote $(2)$ |  |
| Common<br>Stock  |                                      |   |   |   |                                     |                              |               | 20,614  | I  | By trusts          |  |

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

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#### number.

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 4.<br>Transacti<br>Code<br>(Instr. 8) | Securities<br>Acquired<br>(A) or | onNumber Expiration Date<br>of (Month/Day/Year)<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, |                    | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Nu<br>Deriv<br>Secu<br>Bene<br>Owno<br>Follo<br>Repo<br>Trans<br>(Instr |
|---|---|---|---------------------------------------|----------------------------------|---|--------------------|---|---|--|
|   |   |   | Code V                                | (A) (D)                          | Date<br>Exercisable   | Expiration<br>Date | Amount<br>or<br>Title Number<br>of<br>Shares                              |   |  |

# **Reporting Owners**

| <b>Reporting Owner Name / Address</b>                                     | Relationships |           |                      |       |  |  |  |
|---|---------------|-----------|----------------------|-------|--|--|--|
|   | Director      | 10% Owner | Officer              | Other |  |  |  |
| MCKEE LYNN<br>C/O ARAMARK<br>1101 MARKET STREET<br>PHILADELPHIA, PA 19107 |               |           | EVP, Human Resources |       |  |  |  |
| Signatures  |               |           |                      |       |  |  |  |
| /s/ Robert T. Rambo, as<br>Attorney-in-fact                               | 03/05/2018    |           |                      |       |  |  |  |
| **Signature of Reporting Person   |               | Date      | e                    |       |  |  |  |
| Explanation of Po   | enon          | 606'      |                      |       |  |  |  |

## **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).

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

(2) These shares are held by a limited partnership for which Ms. McKee serves as a general partner.

### **Remarks:**

The reporting person disclaims beneficial ownership of all indirectly held securities except to the extent of her pecuniary inter-

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.