FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
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| STATEMENT OF CH | IANGES IN RENER | ICIAL OWNERSH | ΙP |
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* CAMERON SUSAN M. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK] | | | | | | | | (Check all app | | plicable) ctor | | Person(s) to Issuer 10% Owner | |
|--|--|---------|--------------|-----------|--|--|--|------|---------------|--|---------------------------|---------|--|--|---|--|--|--------------------------------|---------|
| C/O ARAMARK | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/06/2023 | | | | | | | | | below | er (give title | | Other (below) | specity |
| 2400 MARKET STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) PHILADELPHIA PA 19103 | | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | - 1 |
| (City) | (St | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secur | rities | Acc | quirec | l, Dis | sposed of | , or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N | | | | · | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | 1 and 5) Securi Benefi | | ties F cially (I d Following (I | | n: Direct | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | <u>,</u> Τι | | saction(s) . 3 and 4) | | | (Instr. 4) | |
| Common | Stock | | | 01/06/20 |)23 | | A | | 191 | A | \$43.9 | 3.95(1) | | 17,979.927 | | 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) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (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 Exerc | isable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

1. Represents a grant of fully vested deferred stock units into which the director has elected to defer 25% of her cash retainer, which will be settled in shares of common stock on the first day of the seventh month after the date of the director's departure from the board.

Remarks:

/s/ Harold B. Dichter, as 01/10/2023 Attorney-in-fact

** 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.