FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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 $\stackrel{\star}{Reynolds}$ Stephen R							2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK]									Reporting Person(s) to Issuer able) 10% Owner		ner	
(Last) (First) (Middle) ARAMARK 1101 MARKET STREET						3. Date of Earliest Transaction (Month/Day/Year) 11/18/2016									X Officer (give title below) Other (specify below) EVP, GC and Secretary				
(Street) PHILADELPHIA PA 19107 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									ndividual or Joint/Group Filing (Check Applicable X Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y						Exec if any				ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and					s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A (D	() or	Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stock 11/18/201						16		A		9,390(1)		Α	\$0	124,01	124,018.1723		D		
Common Stock 11/19/201					2016	16		F ⁽²⁾		5,075.8085	5 (2)	D	\$34.08	118,94	118,942.3638		D		
Common Stock 11/20/201					2016	.6		F ⁽³⁾		1,202.379	4 ⁽³⁾	D	\$34.08	117,739.9844			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)				6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership ot (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	C		Amount or lumber of Shares					
Stock Option (Right to	\$34.08	11/18/2016		I			75,651		(4	1)	11/18/2026	Comm		75,651	\$0	75,651	L	D	

Explanation of Responses:

- 1. Represents restricted stock units, which vest in four equal annual installments beginning on the first anniversary of the date of grant.
- 2. Represents shares withheld to pay taxes applicable to vesting of restricted stock units and performance stock units and the delivery of cash in lieu of fractional shares in accordance with the terms of the
- 3. Represents shares withheld to pay taxes applicable to vesting of restricted stock units and the delivery of cash in lieu of fractional shares in accordance with the terms of the award.
- 4. These options to purchase shares of common stock vest in four equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

/s/ Robert T. Rambo, as 11/22/2016 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.