## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

**OWNERSHIP** 

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* <u>ABBRECHT TODD M</u>						2. Issuer Name and Ticker or Trading Symbol Aramark [ ARMK ]									Check all	tionship of Reporting P all applicable) Director		erson(s) to Issuer 10% Owner		
(Last)		3. Date of Earliest Transaction (Month/Day/Year) 05/27/2015										Officer (give title below)			Other (specify below)					
100 FEDERAL STREET, 35TH FLOOR					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	N M.	Α (	)211(	)										X F	,					
(City)	(St	ate) (	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				- 1	2A. Deemed Execution Date, ar) if any (Month/Day/Yea		e,   T	3. Transaction Code (Instr. 8)					(A) or 3, 4 and 5)	Benefic Owned	es Form (D) o Following (I) (In		Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership	lirect neficial vnership	
								G	Code	v	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 05/				05/27/20	15				S		5,000,000		D	\$31.47	8,725,722		I		See Footnotes <sup>(1)(2)</sup>	
		Та	ble	II - Derivat (e.g., p												ed				
Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any			Deemed cution Date, y y tth/Day/Year)	Code 8)	Transaction of Code (Instr. Derivative			Expiration Date (Month/Day/Year)  Date Expiration				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of		8. Price Derivati Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor Transa			11. Na of Ind Benef Owne (Instr.	irect icial rship	

## **Explanation of Responses:**

- 1. Represents shares of the Issuer held directly by Thomas H. Lee Equity Fund VI, L.P. ("THL Equity VI"), Thomas H. Lee Parallel Fund VI, L.P. ("Parallel Fund VI"), Thomas H. Lee Parallel (DT) Fund VI, L.P. ("DT Fund VI"), THL Equity Fund VI Investors (Aramark), LLC ("THL Aramark") and THL Coinvestment Partners, L.P. ("THL Coinvestment"; together with THL Equity VI, Parallel Fund VI, DT Fund VI, THL Aramark the "THL Funds"), as well as Putnam Investment Holdings, LLC ("Putnam") and Putnam Investments Employees' Securities Company III LLC ("Putnam III").
- 2. The Reporting Person is a Managing Director of Thomas H. Lee Partners, L.P., which is the managing member of THL Equity Advisors VI, LLC, which is the general partner of the THL Funds. In addition, due to contractual relationships with Thomas H. Lee Partners, L.P., Putnam and Putnam III are required to act pro rata with the THL Funds. By virtue of these relationships, the Reporting Person may be deemed to beneficially own the shares of the Issuer owned directly by each of the THL Funds, Putnam and Putnam III. The Reporting Person disclaims beneficial ownership of such shares, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for the purpose of Section 16 or for any other purpose, except to the extent of his pecuniary interest therein.

## Remarks:

/s/ Abbrecht, Todd M.

05/29/2015

\*\* Signature of Reporting Person

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.