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(b)

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

Name and Address of Reporting Person* MCKEE LYNN						2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK]								eck all applic	cable)	orting Person(s) to Iss 10% Ov itle Other (s		vner
(Last) (First) (Middle) C/O ARAMARK 1101 MARKET STREET						3. Date of Earliest Transaction (Month/Day/Year) 11/15/2018								X Officer (give title Offier (specify below) EVP, Human Resources				
(Street) PHILADELPHIA PA 19107					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applic Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person											n	
(City)	(S	tate)	otiv	vative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	2 Ear) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securitie	es Acquired Of (D) (Instr	I (A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)	.,,	.	nstr. 4)
Common Stock				11/15/2018		3			A		8,166(1)) A	\$0	284,47	284,471.203)	
Common Stock 1				11/16	11/16/2018				F ⁽²⁾		614(2)	D	\$36.74	283,857.203		D		
Common Stock				11/18/2018		3			F ⁽²⁾		742(2)	D	\$36.89	9 283,115.203		I)	
Common Stock 11/1				9/2018	3			F ⁽²⁾		903(2)	D	\$36.89	282,21	2.203	I)		
Common Stock													50,000]		See ootnote ⁽³⁾	
Common Stock													20,614]	I F	By trusts	
		7	Γable ΙΙ ·								osed of, convertil			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of		6. Date E Expiration (Month/I	n Dai		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	ode V	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	er				
Stock Option (Right to	\$36.74	11/15/2018		A			53,828		(4)		11/15/2028	Common Stock	53,828	\$0 53,828		28	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.
- 3. These shares are held by a limited partnership for which Ms. McKee serves as a general partner.
- 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:

The reporting person disclaims beneficial ownership of all indirectly held securities except to the extent of her pecuniary interest therein.

/s/ Robert T. Rambo, as 11/20/2018 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.