FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | | | | | 01 3 | Jectio | 11 30(11) | or tile ii | iivesiiiie | iii Cu | прапу Аст | 01 134 | U | | | | | | | |
|--|---|---|--|---------|---|---|-----------|--|--|-----------------------------------|----------------------|---|--|--------------------|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* KSANSNAK JAMES E | | | | | | 2. Issuer Name and Ticker or Trading Symbol ARAMARK Holdings Corp [ARMK] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | | | 11 11 11 | 11101 | <u>80</u> | | <u>. p</u> [1114, | | | | X Dire | ctor | 109 | 6 Owner | | |
| (Last) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2014 | | | | | | | | | Offic belo | | | er (specify ow) | | | | | | |
| 1101 MARKET STREET | | | | | | | | | | | | | | | | | | | | |
| | | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| PHILADELPHIA PA 19107 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deri\ | /ative | Sec | curitie | s Acc | quired, | , Dis | posed o | f, or | Bene | ficia | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ay/Year) if a | | A. Deemed xecution Date, any //onth/Day/Year) | | Transaction Disposed Code (Instr. | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | d 5) Secui Bene | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Trans | action(s) 3 and 4) | | (Instr. 4) | | |
| Common Stock 03/11/2 | | | | | /2014 | 2014 | | | A | | 160.4188(1) | | A | \$ | 0 61, | 996.4188 | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | y Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year | n Date, | 4. Transaction Code (Instr. 8) | | ı of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

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

> /s/ Harold B. Dichter, as Attorney-in-fact

03/13/2014

** 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.