FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APP	ROVAL
OMB Number:	3235-0287
OMB Number: 3235-0 Estimated average burden	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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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(c). S	ee Instruction 1	U																			
1. Name and Address of Reporting Person*				2. Issuer Name <b>and</b> Ticker or Trading Symbol Aramark ARMK								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
King Karen Marie						L THUILL J									Dire	ctor		10% O	vner		
(Last) (First) (Middle) C/O ARAMARK				3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024								Offic belo	er (give title w)		Other (s below)	specify					
2400 MARKET STREET				4 15	If Amendment, Date of Original Filed (Month/Day/Year)									6 Individual or Jaint/Croup Filing (Chook Applicable							
					4. 17 /	amena	ment,	Date of	r Origina	ai File	i (Month/Da	y/ Yea	IF)		6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)															<b></b> Forr	n filed by On	e Rep	orting Pers	on		
PHILAD	ELPHIA P.	A 1	19103												Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Ž	Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)				Execution Date,			Transaction Disposed Of (D) (Instr. Code (Instr. 5)			nd Secur Benef	urities Fo eficially (D) ed Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)							
								Code	v	Amount		A) or D)	Price	Trans	ection(s) 3 and 4)			(111501. 4)			
Common Stock 09/03/2				2024		A		32.292(1	2.292 <sup>(1)</sup> A		\$(	32,511.943			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  (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		on Date,	Code (Instr.		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 (Ins: 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	nber							

## **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.

## Remarks:

/s/ Harold B. Dichter, as Attorney-in-fact 09/05/2024

\*\* 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.