FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

712 FIFTH AVENUE, SUITE 17F

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

Eiled nursuant to Section 16(a) of the Securities Evchange Act of 1034

msuuc	uon 1(b).										npany Act o								
1. Name and Address of Reporting Person* 2				2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify below) Director by deputization						
(Last) (First) (Middle) 08 712 FIFTH AVENUE, SUITE 17F					08/09	3. Date of Earliest Transaction (Month/Day/Year) 08/09/2023													
(Street) NEW YORK NY 10019				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City)	(Sta	ate) (2	Zip)			neck t	his box	to indi	cate that a	ı trans	tion Ind	nade pı	ırsuant to a		instruction or wi	ritten p	olan that is in	tended to	
		Table	I - No	n-Deriva	tive Se	ecui	rities	Acq	uired,	Disp	osed of	f, or E	3enefic	ially O	wned				
1. Title of Security (Instr. 3) 2. Transac Date						2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D		4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)			Sec Ben Owr	mount of urities eficially ned Following	Fori (D) (6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(D)		e Trar (Ins	orted nsaction(s) tr. 3 and 4)	(Ins	tr. 4)	(Instr. 4)		
		Tab		Derivati (e.g., pu											ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		ction nstr.			6. Date Exercisable ar Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	e derivative	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
	nd Address of Ridge Ll	Reporting Person*	*																
(Last) 712 FIF		(First) E, SUITE 17F	(Mi	iddle)															
(Street)	ORK :	NY	10	019															
(City)		(State)	(Zij	p)															
		Reporting Person																	
(Last) 712 FIF		(First) E, SUITE 17F	(Mi	iddle)															
(Street) NEW Y	ORK :	NY	10	019															
(City)		(State)	(Zi _l	p)															
1. Name a <u>Hilal P</u>		Reporting Person*	*																
(Last)		(First)	(Mi	iddle)															

(Street) NEW YORK	NY	10019				
(City)	(State)	(Zip)				

Explanation of Responses:

Remarks:

1. In addition to Mantle Ridge LP, a Delaware limited partnership ("Mantle Ridge"), this Form 4 is being filed jointly by MR Bridgestone Advisor LLC, a Delaware limited liability company ("MR BridgeStone"), and Paul C. Hilal (collectively, the "Reporting Persons"). 2. On August 9, 2023, Mr. Hilal resigned from the Board of Directors of Aramark and Mantle Ridge and MR BridgeStone ceased to be directors by deputization

MANTLE RIDGE LP, By:
Mantle Ridge GP, LLC, its
general partner, By: PCH MR
Advisor Holdings LLC, its
managing member, By: /s/
Paul C. Hilal, Paul C. Hilal,
Sole Member

MR BridgeStone Advisor
LLC, By: Mantle Ridge LP,
its sole member, By: Mantle
Ridge GP LLC, its general
partner, By: PCH MR Advisor
Holdings LLC, its managing
member, By: /s/ Paul C. Hilal,

Paul C. Hilal, Sole Member

(a/ Paul C. Hilal, Paul C. Hilal, 09/00/202

/s/ Paul C. Hilal, Paul C. Hilal 08/09/2023

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{**} Signature of Reporting Person Date

^{*} 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).