FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.O. 20010	

OMB APPROVAL										
OMB Number: 3235-										
Estimated average burden										
hours per respons	e 0.5									

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

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* <u>KEVERIAN KENNETH M</u>			2. Issuer Name and Ticker or Trading Symbol <u>Aramark</u> [ARMK]								(Check all ap		ector		rson(s) to Is					
(Last)	(Fir	st) (N	3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023									Office below	er (give title		Other (s below)	specify				
C/O ARAMARK 2400 MARKET STREET					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable						
2400 MARKET STREET													2	X Form filed by One Reporting Person						
(Street) PHILADELPHIA PA 19103					Form filed by More than One Reporting Person										orting					
				Rul	Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			2. Transac Date (Month/Da	ay/Year) Execution		ution Date,				ties Acquired (A l Of (D) (Instr. 3			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V		Amount	(A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 12/0			12/08/2	2023			A		43.25(1)	A	A	\$ <mark>0</mark>	12,4	08.25(2)		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 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		on Date,	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative irities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		(3. Price of Derivative Security Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code V (A)		(D)			Expiration Date	Title	Amo or Num of Shar	ber							

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.
- 2. Includes an adjustment to the number of deferred stock units held by the Reporting Person in connection with the completion of the separation of the Issuer's uniforms and workplace supplies business on September 30, 2023.

Remarks:

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

12/12/2023

** 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.