FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | e burden | | | | | | | | |
| hours ner 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* Heller Bridgette P | | | | | 2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK] | | | | | | | | | ck all app | tor | | 10% Owner | | |
|--|--|---------|--------|-----------------|---|---|--|---------------------|--|-----------------------------|---|--|--|---|---|---------------------------------------|-----------|-------------------|---------|
| (Last) (First) (Middle) C/O ARAMARK | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/08/2021 | | | | | | | | | | Office below | er (give title | | Other (below) | specify |
| 2400 MARKET STREET | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) PHILADELPHIA PA 19103 | | | | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | ip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | 3. 4. Securities Acqui Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In | | iired (A nstr. 3 | N) or , 4 and | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | : Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | or F | Price | Transac | Transaction(s) (Instr. 3 and 4) | | | (1130.4) | |
| Common Stock 09/08/2 | | | | | 2021 | | A | | 14.743(1 | 1) A | | \$ <mark>0</mark> | 4,558.364 | | | 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | | ransaction of code (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst. 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | | v | (A) | (D) | Date Exercis | able | Expiration Date | or Numl iration of | | | | | | | |

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 09/09/2021 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.