FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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(0): 0	e instruction i													_						
Name and Address of Reporting Person* LOPEZ PATRICIA E					2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK]								(CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LOTEZ TATRICIA E															Dire	ctor		10% O	wner	
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024									Offic belo	cer (give title w)		Other (sbelow)	specify			
C/O ARA	AMARK				00/10	3,202														
2400 MARKET STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(0)															Line)					
(Street)	EI DIIIA D		0102													n filed by On		•		
HILAD	ELPHIA P.	A	9103												Form filed by More than One Reporting Person				orting	
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or l	3en	eficia	ally Owi	ned				
Date			2. Transac Date (Month/Da	Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst 5)					d Secur Benef Owne	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A (D) or)	Price	Trans	ection(s) 3 and 4)			(Instr. 4)	
Common Stock 09/03.				09/03/2	2024		A		48.431 ⁽¹⁾ A		\$0	18,553.814			D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Security or Exercise (Instr. 3)	Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	ction	5. Number of Derivative Securities Acquired		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative		i i	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned	ly	10. Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)		
	Security					(A) or Disposed of (D) (Instr. 3, 4 and 5)					Security (Inst 3 and 4)		nstr.		Following Reported Transactio (Instr. 4)		(I) (Instr. 4))		
			Code		v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount nber ires							
Cumlomotics													_							

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.