FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Tarangelo James J.						2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK]								neck a	all applic Directo	r		10% Ov	vner
(Last) (First) (Middle) C/O ARAMARK 1101 MARKET STREET						3. Date of Earliest Transaction (Month/Day/Year) 11/18/2016								X Officer (give title Other (specify below) Vice President and Treasurer					
(Street) PHILADELPHIA PA 19107						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Si	•	(Zip) Ie I - N	on-Deriv	vative	Sec	uritie	<u> </u>	nuired	Di	isposed o	f or Re	neficia	lly O	wned	1			
1. Title of Security (Instr. 3) 2. T				2. Transac Date (Month/Da	tion	2A. E Exec if an	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities	Acquired (A) or (D) (Instr. 3, 4 and 5		5. Amour Securitie Beneficia Owned F		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code V	,	Amount	(A) or (D)	Price	1	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 11/18/20					2016	16		A		793(1)	A	\$0		6,242	6,242.0989		D		
Common Stock 11/19/20					2016	16			F ⁽²⁾		309.9419	2) D	\$34.08	3(2)	5,932.157			D	
Common Stock 11/20/20				2016	16		F ⁽³⁾		79.3021 ⁽³	B) D	\$34.08	3(2)	5,852.8549			D			
		Т	able II								posed of, convertil			y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		Deri Seci	rice of vative urity tr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ov Fo Olly Oil or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	V (A) (D)		(D)	Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$34.08	11/18/2016			A		6,383		(4)		11/18/2026	Common Stock	6,383		\$0	6,383		D	

Explanation of Responses:

- 1. Represents restricted stock units, which vest in four equal annual installments beginning on the first anniversary of the date of grant.
- 2. Represents shares withheld to pay taxes applicable to vesting of restricted stock units and performance stock units and the delivery of cash in lieu of fractional shares in accordance with the terms of the
- 3. Represents shares withheld to pay taxes applicable to vesting of restricted stock units and the delivery of cash in lieu of fractional shares in accordance with the terms of the award.
- 4. These options to purchase shares of common stock vest in four equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

/s/ Robert T. Rambo, as 11/22/2016 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.