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).

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* MCKEE LYNN						2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK]									Relationship eck all appli Directo	cable) or		10% C	wner	
(Last) (First) (Middle) C/O ARAMARK 1101 MARKET STREET						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2015									X Officer (give title Other (specify below) EVP, Human Resources					
(Street) PHILADELPHIA PA 19107						4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person												on		
(City)	(S		(Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					tion	2A. Deen Executio ear) if any				ed, C action Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			or	5. Amour Securitie Beneficia Owned F	nt of s ally following	6. Own Form: (D) or I (I) (Insi	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock 11/19/201					015	5			F ⁽¹⁾		3,509.1648	3(1)	D	\$32.64	362,18	2,188.263		D		
Common Stock															70,	000			See footnote ⁽²⁾	
Common Stock															38,614		I		By trust	
Common Stock 11/20/201					015	5			A		9,801(3)		A	\$0	371,989.263]	D		
			Table								sposed of, s, converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				Expir	te Exeration I th/Day		of S Un	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Titl	le	Amount or Number of Shares						
Stock Option (Right to	\$32.65	11/20/2015			A		67,582		(4)		11/20/2025	Common Stock 67,582		\$0	67,582		D			

Explanation of Responses:

- 1. 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 applicable award.
- 2. These shares are held by a limited partnership for which Ms. McKee serves as a general partner.
- 3. Represents restricted stock units, which vest in four equal annual installments beginning on the first anniversary of the date of grant.
- 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:

The reporting person disclaims beneficial ownership of all indirectly held securities except to the extent of her pecuniary interest.

/s/ Harold B. Dichter, as 11/23/2015 Attorney-in-fact

** Signature of Reporting Person

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.