FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

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

| 1. Name and Address of Reporting Person* Bramlage Stephen P JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol Aramark [ARMK] | | | | | | | | | Check | ionship of Reporting all applicable) Director Officer (give title | | 10% | Issuer Owner r (specify |
|---|--|------|----------|---|-------|--|----------------|---|---------------|--------------------------------|---|-------|----------------------------|--|---|---|---|--|-------------------------------|
| | (Last) (First) (Middle) ARAMARK 1101 MARKET STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/05/2017 | | | | | | | | | X | belov | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Acc | uired, | Dis | posed o | f, o | r Bene | eficia | ally | Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (Instr. 3) 5) | | | | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | Amount (A) (C) | | (A) or (D) | Price | Transa | | ction(s) 3 and 4) | | (111341. 4) | | | | |
| Common Stock 09/05/ | | | | | 2017 | | | A | | 165.725 ⁽¹⁾ A | | \$ | 0 | 78,551.7482 | | 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) | Title of Operivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe | | ount | Deri Seci | ivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | | | | | ate Expiration cercisable Date | | Title | of Title Shares | | | | | 1 | |

Explanation of Responses:

1. Represents dividend equivalent rights in connection with the Issuer's quarterly dividend and accrued to the reporting person on restricted stock units and performance stock units held by the reporting person. These dividend equivalent rights vest on the same schedules as the underlying awards.

Remarks:

/s/ Robert T. Rambo, as 09/07/2017 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.