Edgar Filing: Aramark - Form 4

Aramark												
Form 4												
July 29, 201	4											
FORM	14								OMB AF	PROVAL		
	UNITED	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check th									Expires:	January 31,		
if no longer subject to Section 16. STATEMENT OF C				HANGES IN BENEFICIAL OWNE SECURITIES				NERSHIP OF	Estimated average			
Form 4 c				Sheen					burden hours per response 0.5			
Form 5	Filed pu	rsuant to S	Section 1	6(a) of the	e Securit	ies E	xchange	e Act of 1934,	100001100	0.0		
obligatio may con	ns Section 17						•	1935 or Section	1			
See Instr 1(b).		30(h)	of the In	vestment	Compan	y Ac	t of 194	0				
(Print or Type	Responses)											
Wallace Karen A Sy			2. Issuer Name and Ticker or Trading Symbol				ıg	5. Relationship of Reporting Person(s) to Issuer				
			Aramar	Aramark [ARMK]				(Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction				(Check an applicable)					
(Month/				nth/Day/Year)			Director		Owner			
C/O ARAM STREET	IARK, 1101 MA	RKET	07/25/2	014				_X_ Officer (give below) Vice Presi	title Othe below) dent and Treas	r (specify urer		
	(Street)		4. If Ame	ndment, Da	te Original			6. Individual or Joi	int/Group Filin	g(Check		
Filed(M				d(Month/Day/Year)				Applicable Line)				
PHILADEL	PHIA, PA 1910.	7						_X_ Form filed by O Form filed by Me Person				
(City)	(State)	(Zip)	Tabl	a I Non D	Domissotisso	Soon	itios A og	uired, Disposed of,	or Donoficial	v Owned		
1.77.1.0							-			-		
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	ned 3. 4. Securities Acquired n Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8) (A)				of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	07/25/2014			S <u>(1)</u>	10,822	D	\$ 27.33	15,841.8573	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
1 0	Director	10% Owner	Officer	Other				
Wallace Karen A C/O ARAMARK 1101 MARKET STREET PHILADELPHIA, PA 19107			Vice President and Treasurer					
Signatures								
/s/ Megan Timmins, as Attorney-in-fact	0	07/29/2014						
<u>**</u> Signature of Reporting Person		Date						

Explanation of Responses:

- * 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).
- (1) The sale of shares of Aramark Common Stock reported on this Form 4 have been executed pursuant to a 10b5-1 trading plan, adopted by the reporting person on May 29, 2014.

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$27.29 to \$27.38, inclusive. The reporting person undertakes to provide to Aramark, any security holder of Aramark, or the staff of the Securities

(2) and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (3) to this Form 4.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.