Aramark Form 4 August 13, 2015

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

(Print or Type Responses)

may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * MUNNELLY JOSEPH M

(Middle)

(Zip)

2. Transaction Date 2A. Deemed

(First) (Last)

ARAMARK, 1101 MARKET STEET

PHILADELPHIA, PA 19107

(City)

1. Title of

Security

(Instr. 3)

(Street)

(State)

(Month/Day/Year)

2. Issuer Name and Ticker or Trading Symbol

Aramark [ARMK]

3. Date of Earliest Transaction (Month/Day/Year)

05/27/2015

4. If Amendment, Date Original

Filed(Month/Day/Year)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

Execution Date, if TransactionAcquired (A) or Code (Month/Day/Year) (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

(A)

Transaction(s) (Instr. 3 and 4) Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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)

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number Transaction of Derivative Expiration Date Code Securities

6. Date Exercisable and (Month/Day/Year)

7. Title and Amount of 8. l Underlying Securities (Instr. 3 and 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

5. Relationship of Reporting Person(s) to

(Check all applicable)

SVP, Controller and CAO

6. Ownership

Form: Direct

(D) or Indirect Beneficial

6. Individual or Joint/Group Filing(Check

X Form filed by One Reporting Person Form filed by More than One Reporting

(I)

(Instr. 4)

10% Owner

Other (specify

7. Nature of

Ownership

(Instr. 4)

Indirect

Issuer

below)

Person

5. Amount of

Securities

Owned

Beneficially

Following

Reported

Director

Applicable Line)

X_ Officer (give title

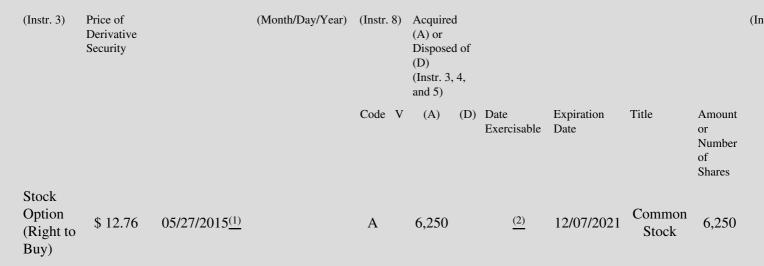
Estimated average

burden hours per

De

Sec

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Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MUNNELLY JOSEPH M ARAMARK 1101 MARKET STEET PHILADELPHIA, PA 19107

SVP, Controller and CAO

Signatures

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

08/13/2015

**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).
- On December 7, 2011, the Reporting Person was granted stock options, subject to time based and performance based vesting. On May 27, (1) 2015, a return-based vesting event with respect to such stock options occurred as a result of sales of stock by the Issuer's sponsor stockholders and 6,250 stock options which had previously not been reported were deemed earned.
- Of the 50,000 stock options reported herein, 6,250 vested on December 7, 2012; 12,500 vested on December 7, 2013; 6,250 vested based (2) on the Issuer's achievement of stock price criteria during fiscal 2014; 12,500 vested on December 7, 2014, 6,250 vested on May 27, 2015 and 6,250 will vest on December 27, 2015.

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.

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