Edgar Filing: ESTEVES IRENE M - Form 4

ESTEVES II	RENE M									
Form 4										
June 04, 201	8									
EODM	IA							OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check thi	is box							Evpiroo	January 31,	
if no long	STATEN	IENT OF CH	ANGES IN	BENEFI	CIAI		NERSHIP OF	Expires:	2005	
subject to Section 1	subject to			ITIES	0111			Estimated a	-	
Form 4 or		Sheen	JECONTIES					rs per 0.5		
Form 5		suant to Section	16(a) of the	e Securiti	es Fr	chanc	re Act of 1934	response	0.5	
obligation	^					-	f 1935 or Section	n		
may cont	inue.		Investment	•	• •			11		
See Instru	iction	50(II) of the	mvestment	compan	y Act	0117	+0			
1(b).										
(Print or Type F	Responses)									
(I fine of Type I	(coponices)									
1 Name and A	ddress of Reporting	Person [*] 2 La	war Nama and	Tieker or '	Fradin	a	5. Relationship of	Reporting Pers	son(s) to	
ESTEVES I				and and mener of maching			Issuer			
		Symbo								
Aramarl			mark [ARMK]				(Check all applicable)			
(Last)	(First) (1	Middle) 3. Dat	e of Earliest Tr	ansaction						
		· ·	h/Day/Year)				_X_ Director		Owner	
	ARK, 1101 MAI	RKET 05/3	/2018				Officer (give below)	title Othe below)	er (specify	
STREET							below)	below)		
	(Street)	4. If A	mendment, Da	te Original			6. Individual or Jo	oint/Group Filir	1g(Check	
			Month/Day/Year)				Applicable Line)			
			•				_X_ Form filed by C	1 0		
PHILADEL	PHIA, PA 19107	1					Form filed by M Person	Iore than One Re	porting	
							Person			
(City)	(State)	(Zip) T	able I - Non-D	Derivative S	Securi	ties Ac	quired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction Date	e 2A. Deemed	3.	4. Securit	ies Ac	quired	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Year)	Execution Date,	if Transactio	on(A) or Di	sposed	l of	Securities	Form: Direct	Indirect	
(Instr. 3)		any	Code	(D)			Beneficially		Beneficial	
		(Month/Day/Ye	ar) (Instr. 8)	(Instr. 3, 4	4 and 5	5)	Owned	Indirect (I)	Ownership	
							Following Reported	(Instr. 4)	(Instr. 4)	
					(A)		Transaction(s)			
					or	D.	(Instr. 3 and 4)			
Comment			Code V	Amount	(D)	Price	,			
Common Stock	05/31/2018		А	65.308 (1)	А	\$0	24,210.7097	D		
STOCK				(-)						

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)

Edgar Filing: ESTEVES IRENE M - Form 4

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. Transactic Code (Instr. 8)	5. onNumber 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		

er

Reporting Owners

Reporting Owner Name / Address	Relationships						
I B	Director	10% Owner	Officer	Othe			
ESTEVES IRENE M C/O ARAMARK 1101 MARKET STREET PHILADELPHIA, PA 19107	Х						
Signatures							
/s/ Robert T. Rambo, as Attorney-in-fact		06/04/2018					
**Signature of Reporting Person		Date	e				

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

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.