

CHARLES RIVER LABORATORIES INTERNATIONAL INC
 Form 3
 October 06, 2008

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â BERTHOUX		(Month/Day/Year)	CHARLES RIVER LABORATORIES	
CHRISTOPHER		09/25/2008	INTERNATIONAL INC [CRL]	
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
251 BALLARDVALE STREET			(Check all applicable)	6. Individual or Joint/Group Filing(Check Applicable Line)
(Street)			___ Director	___ 10% Owner
WILMINGTON,Â MAÂ 01887			<input checked="" type="checkbox"/> Officer	___ Other
(City)	(State)	(Zip)	(give title below)	(specify below)
			Executive Vice President	___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	16,149 <u>(1)</u> <u>(2)</u> <u>(3)</u>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Title			

	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
Stock Options (Right to Buy)	05/09/2005 ⁽⁴⁾ 05/09/2015	Common Stock 5,250 \$ 47.36	D Â
Stock Options (Right to Buy)	09/01/2007 ⁽⁵⁾ 09/01/2016	Common Stock 4,667 \$ 40.99	D Â
Stock Options (Right to Buy)	02/23/2008 ⁽⁶⁾ 02/23/2017	Common Stock 8,300 \$ 46.6	D Â
Stock Options (Right to Buy)	02/28/2009 ⁽⁷⁾ 02/28/2015	Common Stock ⁽⁷⁾ 6,900 \$ 58.58	D Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
BERTHOUX CHRISTOPHER 251 BALLARDVALE STREET WILMINGTON, MA 01887	Â	Â	Â Executive Vice President	Â

Signatures

/s/Christophe Berthoux 10/02/2008

**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 5(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) 2175 Restricted Shares Vest in one-third increments on 02/23/2009, 02/23/2010, 02/23/2011
- (2) 325 Restricted Shares Vest on 02/28/2009
- (3) 2400 Restricted Shares Vest in one-quarter increments on 02/28/2009, 02/28/2010, 02/28/2011 and 02/28/2012
- (4) All of these Options are fully Vested
- (5) 2333 of these Options are fully Vested and 2334 Vest as of 09/01/2009
- (6) 2075 of these Options are fully Vested and the remaining Options Vest in one-third increments on 02/23/2009, 02/23/2010 and 02/23/2011
- (7) Options vest equally over 4 years beginning 1 year from date of grant.

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.