

CHARLES RIVER LABORATORIES INTERNATIONAL INC

Form 4

June 04, 2002

1. Name and Address of Reporting Person
 THIER, SAMUEL O.
 251 Ballardvale Street
 Wilmington, MA 01887
 USA
2. Issuer Name and Ticker or Trading Symbol
 Charles River Laboratories Int'l., Inc (CRL)
3. IRS or Social Security Number of Reporting Person (Voluntary)
4. Statement for Month/Year
 5/2002
5. If Amendment, Date of Original (Month/Day/Year)
6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
7. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

TABLE I -- Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security	2. Trans- action Date (Month/ Day/ Year)	3. Trans- action Code	4. Securities Acquired (A) or Disposed of (D)			5. Amou Secu Bene Owe End Mont
			Code	V	Amount	

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

1.	2.	3.	4.	5.	6.	7.	8.			
Title of Derivative Security	Price of Deriv- ative Security	Transac- tion Date (Month/ Day/Year)	Transac- tion Code	Dispos- ed (D) Code	Acquired (A) (A) (D)	Date Exer- cisable	Expiration Date	Title of Underlying Securities	Amount or Number of Shares	P D S

Explanation of Responses:

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SIGNATURE OF REPORTING PERSON
/s/ SAMUEL O. THIER

DATE
06/04/2002