FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person [*] Minehan Cathy E. | | | | | | 2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] | | | | | | | | | heck a | ionship of Reporting all applicable) Director Officer (give title | | 0 | 10% C | |
|--|---|---|--|--|---|--|---|-----|------------------------------------|-------|--------------------|---|---------------|--------------|---|--|---|--|----------------------------|--|
| (Last) C/O BRI | ast) (First) (Middle) O BRIGHT HORIZONS FAMILY SOLUTIONS | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2017 | | | | | | | | | | below) | | | below) | |
| INC 200 TALCOTT AVENUE SOUTH | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person | | | | | |
| (Street) WATERTOWN MA 02472 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/ | | | | | //Year) i | Execution Date, | | | | | | ities Acquired (A d Of (D) (Instr. 3 | | | 3, [°] 4 Sec Ben Owr | | ount of ties cially l ving | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Repor Trans | | ted action(s) 3 and 4) | | | |
| Common Stock 06/01/20 | | | | | 017 | 017 | | | Α | | 1,282 | | Α | \$0.0 | 0 ⁽¹⁾ | 2 | .,282 | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 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. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratic (Month/I | on Da | | e Am ar) Seo Un De | | | 8. Prio of Deriva Secur (Instr. | ative ity . 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form Direc or In (I) (In 4) | mership rm: rect (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Titl | of | mber ares | | | | | | |

Explanation of Responses:

1. Each restricted stock unit is fully vested and represents the right to receive one share of common stock upon the earliest of the 5th anniversary of the grant, termination of service, and a change in control of the Company.

Remarks:

<u>/s/ John Casagrande, as</u> attorney in fact for Cathy E.

Minehan

06/05/2017

** Signature of Reporting Person Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.

niversary of the grant, termination