FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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. | | | | | BRI | 2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] | | | | | | | | | all app | olicable) tor | 1 | Person(s) to Issuer 10% Owner | | |
|--|--|--------|--------|------------------------------------|--------------------------------|--|---|---|---|---------------------------|---|--------------------|-------------|---|-----------------|---|---|-------------------------------|--|---------|
| (Last) | Last) (First) (Middle) C/O BRIGHT HORIZONS FAMILY SOLUTIONS | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/12/2016 | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| INC 200 TALCOTT AVENUE SOUTH | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indiv ne) X | | | int/Group Filing (Check Applicable | | | |
| (Street) WATER | ΓOWN] | MA | 02 | 2472 | | | | | | | | | | | | Form Perso | i filed by Moi on | e than On | e Rep | oorting |
| (City) | (| (State | e) (Z | ľip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | //Year) | Execι if any | eemed ition Date, th/Day/Year) | 3. 4. Securities Acquirer Disposed Of (D) (Instruction Code (Instruction 5) | | | | d (A) o r. 3, 4 | r | 5. Amo Securi Benefi Owned Follow | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | v | Amount | | A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | (, | | (, |
| Common Stock 05/12/ | | | | | 05/12/2 | 016 | | | A | | 1,000 | | A | \$0.0 | \$0.00(1) | | 1,000 | D | | |
| | | | Tal | ble II | - Derivat (e.g., pu | | | ties Acqu warrants, | | | | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execurity or Exercise (Month/Day/Year) if a | | if any | eemed tion Date, h/Day/Year) | 4. Transac Code (I 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Exercisable Expiration Date (Month/Day/Year) Date Expir Exercisable Date | | tte ear) Expiration | e Amo Secu Unde Deriv Secu 3 and | | 3 | 8. Pr of Deri Secu (Inst | vative irity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Ind (I) (Ins 4) | (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

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:

/s/ John Casagrande, as attorney in fact for Cathy E. Minehan

** Signature of Reporting Person Date

05/12/2016

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.