FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287					
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	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. <i>See</i> Instruction 1(b).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					01.56		50(11) 0		investine		Simpany Act t	J 1340								
1. Name and Address of Reporting Person* LISSY DAVID H						2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM]									5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Owne Officer (give title Other (spec					
(Last)	(Last) (First) (Middle) C/O BRIGHT HORIZONS FAMILY						3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023									Officer (give title below)				
SOLUTIONS INC 2 WELLS AVENUE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
2 WELLS AVENUE															X Form filed by One Reporting Person Form filed by More than One Reportin Person					
NEWTC	ON M	A 0	2459		Rul	e 10)b5-	·1(c) Trar	nsa	ction Ind	on								
(City)	(St	ate) (2	Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													intended to		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)			2. Transactio Date (Month/Day/ [\]	Execution		tion Da	ĺ.	3. Transaction Code (Instr. 8)		4. Securities Disposed O and 5)	s Acquired (A) a of (D) (Instr. 3, 4		Secur Benef Owne	icially d	6. Ownershi Form: Direc (D) or Indirect (I) (Instr. 4)	Direct 	7. Nature of ndirect Beneficial Dwnership			
									Code	v	Amount	(A) or (D)	Price	Repor Trans	Following Reported Transaction(s) (Instr. 3 and 4)		4)	(Instr. 4)		
Common	Stock			06/21/20	23				А		1,630	A	(1)	7	4,240		D			
Common	I Stock													4	0,983		I	By Trrevocable Frust		
Common	ı Stock													4	0,983		I]	By frrevocable Frust		
Common	I Stock													4	0,982		I	By Trrevocable Frust		
Common	I Stock													:	1,398		I I	David H Lissy 2019 Grantor Retained Annuity Frust		
Common	I Stock														7,119		I	David H Lissy 2020 Grantor Retained Annuity Frust		
Common Stock										2	23,871		I	David H. Lissy 2013 Frust						
		Tab	ole II -	- Derivativ (e.g., pu							osed of, convertib				ned					
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Dat urity or Exercise (Month/Day/Year) if any		ution Date, /	Transaction N Code (Instr. o 8) D A (/ D o o (1) (1)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		8. Price Derivati Security (Instr. 5	ve derivat Securit Benefic Owned Follow Report	ive ties cially ing ed ction(s)	10. Ownersh Form: Direct (D or Indirec (I) (Instr.	D) Beneficial D) Ownership ect (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci:	sable	Expiration Date	Title	Amoun or Numbe of Shares							

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> <u>attorney in fact for David</u> <u>Lissy</u>

06/22/2023

** 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.