FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number: 3235-02								
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

Name and Address of Reporting Person* TOCIO MARY ANN						2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM]										tionship of Reporting all applicable) Director		ng Pe	10% Owner	
(Last)		First)) (Middle) ONS FAMILY SOLUTIONS					t Trans	saction (M	onth	/Day/Year)			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)	vidual or Joint/Group Filing (Check Applicable				
(Street) WATERTOWN MA 02472															Form filed by More than One Reporting Person					oorting
(City)	(State)	(Zip)																	
		T	ıble I -	Non-Deriv	ative S	Secu	ıritie	s Acc	quired,	Dis	posed o	f, or	r Ben	eficia	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					//Year)	eemed ution Date, r th/Day/Year)				ties Acquired (A d Of (D) (Instr. 3,			3, 4 Sec Bei Ow		Amount of curities eneficially vned ellowing		wnership n: Direct or rect (I) :r. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(,	(
Common	ommon Stock 05/12/20				016				A		1,000		A	\$0.0		131,566			D	
			Table I	l - Derivat (e.g., p	ive Se uts, ca	curi Ils,	ties /	Acqu ants,	ired, Di option	ispo s, c	sed of, onvertib	or B le s	Benefi ecuri	icially ties)	y Ov	vned				
1. Title of Derivative Security (Instr. 3) 2. Convers or Exert Price of Derivati Security			Execu ar) if any	eemed tion Date, n/Day/Year)	4. Transac Code (II 8)		5. Number of		6. Date Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		3	8. Pr of Deriv Secu (Inst	vative irity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect I) (Instr.	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	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:

/s/ John Casagrande, attorneyin-fact for Mary Ann Tocio 05/12/2016

** 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.