FORM 4

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| /ashington, | D.C. | 20549 | |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See |
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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* TOCIO MARY ANN | | | | 2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] | | | | | | | | | | ationship of Reportir call applicable) Director | | 10% Ov | | wner | |
|---|--|--------------------|---|--|---|--|--|--|-----------------|--|---|--------------------|--|---|---|--|---|--------------------|---|
| (Last) | (Fir | st) (MIZONS FAMILY | //iddle) | UTIONS | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2023 | | | | | | | | | | Officer (give title below) | | | Other (s below) | вресіту ———————————————————————————————————— |
| INC 2 WELLS AVENUE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | on | | | |
| (Street) | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orung | |
| NEW IO | NEWTON MA 02459 | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (Sta | ate) (Z | ľip) | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | nded to | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exec if any | Deemed cution Date, y oth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst | | | ired (A) o nstr. 3, 4 a | r and | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | | v | Amount | (A) (D) | or Price | | | ted action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 05/08/2 | | | | | 2023 | | | | S | | 10,000 | D | \$90 |).54 5. | | 55,768 | | 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Dei Sed (Ins | ivative | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

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

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).