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 |
|--------|-------------------------------------|
| \neg | 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* LAWRENCE LIGHTFOOT SARA (Last) (First) (Middle) | | | | | Solutions (Month/Day/Year) 2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023 | | | | | | | | 5. Relationship of Rep (Check all applicable) X Director Officer (give to below) | | | ng Per | 10% Ov Other (s below) | vner | |
|--|--|---------|------------|--|--|--|--|-----|----------|---|---------|--------------------------------------|--|--|--|---|--|------|--|
| C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC 2 WELLS AVENUE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi Line) | -, | | | | | | |
| ı | (Street) NEWTON MA 02459 | | | | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | 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. | | | | | | | | | | ended to | | | | |
| | | Table | l - Noı | n-Derivat | tive Se | ecur | ities | Acq | uired, [| Disp | osed of | , or I | Benef | iciall | y Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Exec if any | Deemed cution Date, y nth/Day/Year) | | | | ties Acquired (A I Of (D) (Instr. 3, | | S, 4 Secui Bene Owne Follow | | cially I ing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | rice | | ted action(s) 3 and 4) | | | |
| Common | Stock | | | 06/21/2 | 2023 | | | | Α | | 1,087 | 7 A | | (1) | 5,522 | | 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) | tive Conversion Date Execution Date, ty or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) Solution Code (Instr. 9) Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3, and 5) Code V (A) (E | | ative rities ired osed | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Dei See (Ins | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 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, attorney-

in-fact for Sara Lawrence- 06/22/2023

Lightfoot

** 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.