## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
vvasiliilululi.	D.C.	20049

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(h)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee mstruction	1 10.																				
1			eporting Person*									g Symbol			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Burke Mary Lou					_	BRIGHT HORIZONS FAMILY SOLUTIONS INC. [ BFAM ]									Director 10% Ow							
						130	LUI	ION	<u>5 11</u>	<u>vc.</u> [	БГА	IVI ]			1	Office below	er (give title	Э	Other below	(specify		
(Last)	,	First	•	/liddle)					_		/1.1						′	merica		·		
1	GHT HO	RIZ	ONS FAMILY	SOL	LUTIONS		3. Date of Earliest Transaction (Month/Day/Year) 09/05/2024									COO North America Center Ops						
INC							05/05/2027															
2 WELL	S AVENU	JE				4. If .	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)															ine)	Form	filed by O	ne Rer	norting Pe	rson		
NEWTO	N N	ΛA	0	2459											Form filed by One Reporting Person  Form filed by More than One Reporting							
-																Person						
(City)	(	State	e) (2	Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of	Security (In	ıstr.	3)		2. Transacti	on								Acquired (A) or			5. Amount of		6. Ownership Form: Direct	7. Nature of Indirect		
Date (Month/Da					(Month/Day	Year) Execution Date, if any (Month/Day/Yea			,	Code (Instr.   5)			Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially		(D) or	r Indirect	Beneficial Ownership		
							(WOUT	i/Day/1	rear)	8)			(4) 07		Owned Following Reported Transaction(s)		d	(I) (Instr. 4)		(Instr. 4)		
										Code	V	Amount	(A) or (D)	Price		(Instr. 3						
Common Stock			09/05/2024				<b>S</b> <sup>(1)</sup>		800	D	\$140	.65	31	,825	D							
																				UTMA		
Common	Stock															١,	320		$_{\rm I}$	Custodian		
Common Stock														1,	320		1	for				
																				daughter		
																			UTMA			
Common Stock														1,320		I		Custodian for				
																1 1		daughter				
															_							
			Tal	ole II								oosed of, convertib				Owne	a					
1. Title of 2. 3. Transaction 3A. Deemed						4.	· · · · · · · · · · · · · · · · · · ·							8. Price of 9. Number				10.	11. Nature			
Derivative Security	Conversio or Exercise		Oate Month/Day/Year)	Execution Date,		Transa Code	action (Instr.	on of			ation E		Amou		De	erivative	derivative Securities		Ownershi Form:			
(Instr. 3) Price of (Month/Day/Ye					th/Day/Year)	8)	•	Securities Acquired		[`	•	,	Under		(Instr. 5)	Beneficia Owned	lly	Direct (D) or Indirect				
Security					(A) or Disposed		r				Secur	Security (Instr. 3 and 4)		Following Reported			(I) (Instr. 4					
									)				"""	•,			Transacti (Instr. 4)	n(s)				
							(Instr. 3, 4 and 5)										(					
														Amount or								
										Date		Expiration		Number of								
						Code	v	(A)	(D)		isable		Title	Shares								

#### **Explanation of Responses:**

1. The transactions were made pursuant to a trading plan intended to comply with Rule 10b5-1(c) previously adopted by the Reporting Person on March 11, 2024.

#### Remarks:

/s/ John Casagrande, as attorney in fact for Mary Lou 09/06/2024 **Burke** 

\*\* 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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).