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 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*  BOLAND ELIZABETH J  (Last) (First) (Middle)  C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC  200 TALCOTT AVENUE SOUTH					2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM]  3. Date of Earliest Transaction (Month/Day/Year) 01/18/2017  4. If Amendment, Date of Original Filed (Month/Day/Year)								r) 6	5. Relationship of Reporting Person(s) to Issue Check all applicable)  Director 10% Owner  X Officer (give title Other (specific below) below)  Chief Financial Officer  6. Individual or Joint/Group Filing (Check Application)			Owner (specify )		
(Street)	(Street) WATERTOWN MA 02472 (City) (State) (Zip)														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea				2A. Deemed Execution Date,			te,	3. Transacti Code (Ins	on	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4			or 5. Ar and 5) Secu Bene Own		nount of rities ficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	ode V Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(mean i)	(		
Common Stock 01/18/2017				,				M <sup>(1)</sup>		1,400	Α	\$14.	514.54		29,642	D			
Common Stock 01/18/			01/18/201	7			<b>M</b> <sup>(1)</sup>		2,959	A	\$12	\$12		32,601	D				
Common	Common Stock 01/18/2017						S <sup>(1)</sup>		4,359	D	\$70.4137(2)		1	28,242	D				
		Ta	able II	- Derivat							posed of convert	•		-	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Execution	eemed tion Date,	4. Transac Code (Ir 8)	5. action Number		ber vative rities uired r osed )	6. Date Exerc Expiration D (Month/Day/		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pri of Deriv Secur (Instr	ative	derivative ve Securities / Beneficially	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership	
					Code	v	(A) (	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares	1					
Option to Purchase Common Stock	\$14.54	01/18/2017			M <sup>(1)</sup>			1,400	(3)		04/01/2021	Common Stock	1,400	\$0.	00	0.00	D		
Option to Purchase Common Stock	\$12	01/18/2017			M <sup>(1)</sup>			2,959	(3)		04/04/2022	Common Stock	2,959	\$0.	00	0.00	D		

## Explanation of Responses:

- 1. These trades were made pursuant to a Rule 10b5-1 trading plan.
- 2. This transaction was executed in multiple trades at prices ranging from \$70.23 to \$70.59. The price reported above reflects the weighted average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. The time and performance criteria have been met with respect to this award and the option is fully vested.

## Remarks:

/s/ John Casagrande, as attorney in fact for Elizabeth 01/19/2017 Boland

\*\* Signature of Reporting Person Date

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

 $<sup>^{\</sup>star}$  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).

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.