FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

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(b).

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* <u>Casagrande John Guy</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] | | | | | | | | | | all application | cable) | 10% Owner | | vner | |
|--|--|--|--|--|-------------------------|---|--|--------|--------------|---|--|------------------|---------------------------|--|-----------------------------|---|---|---|---|--|--|--|
| INC | GHT HOR | IZONS FAMILY | (Middle) ' SOLUT | IONS | | 3. Date of Earliest Transaction (Month/Day/Year) 09/02/2020 | | | | | | | | | | X Office (give title Offier (specific below) General Counsel and Secretary | | | | | | |
| (Street) | COTT AVE | | 02472 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | . Indivine) | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | | | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | n-Deriv | ative | Sec | uriti | ies Ad | qu | ıired, | Dis | posed c | of, o | r Ber | efici | ally | Owned | l | | | | |
| 1. Title of Security (Instr. 3) | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ΄ Ι | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | , 4 and Securiti Benefic | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | ' | Transaci (Instr. 3 | tion(s) | | | (IIIsu. 4) | |
| Common Stock | | | 09/02 | 02/2020 | | | | | M | | 1,989 |) | A | \$36 | .29 | 3, | ,465 | | D | | | |
| Common Stock | | | 09/02 | 2/2020 | | | | | F | | 962(1 |) | D | \$0. | 00 | 2, | ,503 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 100 | | | I | By Child | | |
| Common Stock | | | | | | | | | | | | | | | | 100 | | | I | By Child | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | od Date, | 4. Transa Code (I | ction | 5. Number n of | | 6. I | 6. Date Exercisal Expiration Date (Month/Day/Year | | ble and | 7. T Ame Sec Und | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. De Se (Ir | . Price of lerivative lecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ily [| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Da Ex | ite ercisabl | | xpiration ate | Title | | or Numbe of Shares | r | | | | | | |
| Option to Purchase Common | \$36.29 | 09/02/2020 | | | M | | | 1,989 | | (2) | 0 | 1/06/2021 | | nmon | 1,989 | | \$0.00 | 0.00 | | D | | |

Explanation of Responses:

- 1. Shares withheld to pay the exercise price of the options and the payment of taxes.
- 2. The option to purchase shares is fully vested.

Remarks:

/s/ John G Casagrande

09/03/2020

** 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).