## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	ourden							
harrest man annual annual	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box to indicate that a 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 10b5-1(c). See Instruction 10. 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*  Kramer Stephen Howard				2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)															
Krame	<u>r Stepnen</u>	Howard													Director	or		10% Ov	vner
(Last)	(F	irst)	(Middle)			SOLUTIONS INC. [ BFAM ]								K	Officer below)	(give title		Other (s	specify
C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC				3. Date of Earliest Transaction (Month/Day/Year) 08/19/2024 CEO & President															
2 WELLS AVENUE				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable														
(Ct===t)					"	AIIICI	ilailic	ni, Daic v	or Origine		a (WOHU) De	iy/ (Cai )		Line	)		J		·
(Street) NEWTO	N M	ΙA	02459												_	led by Mor		rting Perso One Repo	
(City)	(S	tate)	(Zip)												. 0.00				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date			2. Transad Date (Month/Da	Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)			A) or , 4 and 5	and 5) Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	or	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 08/19.				08/19/	2024		M		17,080	) A \$9		\$94.03	139,653			D			
Common Stock 08/19.				08/19/	/2024		F <sup>(1)</sup>		14,400 D \$1		\$135.0	125,253			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)  2. Conversion Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution if any (Month/Day		Date, Transaction Code (Instr.			on of E		Expirati	6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and of Securities Underlying Derivative S (Instr. 3 and		rities /ing ive Se	curity		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	OI N	umber					
Option to Purchase	\$94.03	08/19/2024			М			17.080	(2)		01/02/2025	Comm	n 1	7.080	\$0.00	0.00		D	

01/02/2025

## **Explanation of Responses:**

\$94.03

1. Shares withheld to pay the exercise price of the options and the payment of taxes.

08/19/2024

2. This option is fully vested.

## Remarks:

Common

/s/ John Casagrande, as attorney in fact for Stephen

17,080

08/21/2024

D

Kramer

Stock

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.