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* LISSY DAVID H (Last) (First) (Middle) C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC 200 TALCOTT AVENUE SOUTH (Street) WATERTOWN MA 02472 | | | | | | Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] Date of Earliest Transaction (Month/Day/Year) 01/06/2017 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ir | Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner X Officer (give title Other (specify below) below) Chief Executive Officer Individual or Joint/Group Filing (Check Applicatine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | Owner (specify //) Applicable |
|--|---|---------|------|-------------------------|--|---|--|--|--|-----|--|----------|-------------|---|---|--|--|-------------------------------|
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | /Year) | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | d Secur | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A (D | () or () | Price | Repor Trans | | (111501.4) | (11150: 4) |
| Common S |)16 | | | G ⁽¹⁾ | V | 5,000 | | D | \$0.0 |) 2 | 87,772 | D | | | | | | |
| Common Stock 01/06/20 | | | | | |)17 | | | F | | 14,832(2) | | D | \$70. 9 | 1 2 | 72,940 | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Security (Instr. 3) | erivative ecurity nstr. 3) Price of Derivative Security Date (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8 | | | Code (I | sunsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 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) Amoun or Numbe of Title Shares | | unt ber | i. Price of Oerivative security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- $1. \ \,$ The reporting person made a donation to a charitable organization.
- $2. \ Shares \ withheld \ to \ satisfy \ tax \ withholding \ obligation \ arising \ upon \ the \ vesting \ of \ restricted \ stock.$

Remarks:

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

 $\underline{01/10/2017}$

** 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.