# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasilington,	D.O.	20070

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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 instruction	1 10.																		
Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Burke Mary Lou				BRIGHT HORIZONS FAMILY								ж ан арр Direc	,		10% Owner					
					$ \frac{SO}{}$	SOLUTIONS INC. [ BFAM ]								Office	er (give title	Э	Other	(specify		
(Last) (First) (Middle)														below) below)						
C/O BRI	GHT HO	RIZONS FAMII	Y SOI	LUTIONS		3. Date of Earliest Transaction (Month/Day/Year)								COO	North A	meric	a Center	Ops		
INC					11/0	)5/202	4													
2 WELL	S AVENU	JΕ			<u> </u>	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
					4. If	Amend	ment, Date	of Ori	ginal F	iled (Month/D	ay/Year)		. Ind ine)	ividual o	r Joint/Gro	up Filir	ng (Check	Applicable		
(Street)													1	Form	filed by O	ne Rep	porting Pe	rson		
NEWTO	N N	ΛA	02459												filed by M	ore tha	an One Re	eporting		
,														Perso	on					
(City)	(5	State)	(Zip)																	
		Tabl	e I - N	on-Deriva	tive	Secu	rities Ad	quir	ed, D	isposed o	f, or B	enefic	iall	y Own	ed					
1. Title of Security (Instr. 3) 2. Transactio									4. Securities Acqui					5. Amou			6. Ownership	7. Nature of		
				Date (Month/Day	Year)	Execution Date, Year) if any			saction (Instr.				and Securities Beneficially		ially	Form: Direct (D) or Indirect		Indirect Beneficial		
						(Month	n/Day/Year)	8)					Owned Following Reported			(I) (Instr. 4)		Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	tion(s)			()		
Common Stock		11/05/2024				S <sup>(1)</sup>		800	D	\$128.	.84	30,225			D					
															UTMA					
Common Stock							1						1	320		ı	Custodian			
Common Stock						1						1,	320		1	for				
																		daughter		
																	UTMA			
Common Stock												1,320		I		Custodian				
Common Stock						1						1,520			1	for				
																		daughter		
		T	able II							posed of,				Owne	d					
					Its, C	alis, \	warrants	<del></del>		convertil			÷							
Derivative   Conversion   Date   Execution Date,   Security   or Exercise   (Month/Day/Year)   if any						action	5. Numbe	Number 6. Date Exe		ercisable and Date			8. Price of Derivative		9. Numbe		10. Ownership	11. Nature of Indirect		
			Code 8)	(Instr.	Derivative Securities	e (Mo	nth/Day		Securi	ties	Se	Security (Instr. 5)	Securities Beneficia	ties	Form: Direct (D)	Beneficial				
			•,	Acquired (A) or Disposed		Acquired			Deriva	tive	`	Owned	1	or Indirect (I) (Instr. 4)	t (Instr. 4)					
										Security (Instr. 3 and 4)		Following Reported Transacti (Instr. 4)		Í	(1) (111501. 4	<b>"</b>				
				of (D) (Instr. 3, 4										on(S)						
			and 5)		_				<b>A</b>											
												Amount or								
								Dat	9	Expiration		Number of								
					Code	v	(A) (D)		rcisabl		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 11/05/2024 **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).