FORM 4

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

Vashington,	DС	20549	
vasiliigton,	D.C.	20049	

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

OMB API	OMB APPROVAL									
OMB Number:	3235-0287									
Estimated average burden										
hours per respons	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

1. Name and Address of Reporting Person*  Alleva Lawrence M  (Last) (First) (Middle)  C/O BRIGHT HORIZONS FAMILY SOLUTIONS						2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [ BFAM ]  3. Date of Earliest Transaction (Month/Day/Year) 12/01/2023									all app Direc	tor er (give title	ng Pers	10% Ov Other (s below)	vner
INC 2 WELLS AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)							. Indivine)	-/							
(Street) NEWTO (City)	N MA		2459 Zip)		$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or								en plan	that is inte	nded to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execut y/Year) if any		Deemed cution Date, y nth/Day/Year)				s Acquired (A) o		and Securi Benefi Owned Report		ities Fo icially (D) d Following (I) ted		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock 12/01/2					0023			Code			(A) or (D)	Frice	(Instr. 3		9,362		D		
Common	Stock			12/01/2								_ D	<u> </u>			<u></u>		D	
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any		4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Der Sec (Ins	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [1]	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares						

**Explanation of Responses:** 

Remarks:

/s/ John Casagrande, attorney-12/01/2023 in-fact for Lawrence Alleva

\*\* 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.