FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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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

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

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* Burke Mary Lou (Last) (First) (Middle) C/O BRIGHT HORIZONS FAMILY SOLUTIONS | | | | | 3. Da | Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] Date of Earliest Transaction (Month/Day/Year) 03/05/2020 | | | | | | | | | ck all app Direct Office below | licable) tor er (give title v) | 10% Over Other (s) below) merica Center C | | Owner (specify) |
|---|--|--|------------------------------------|------------|-----------|---|--------|---|---------------------|---|--------------------|--|------------------------------------|--|--|---|---|---|---|
| INC 200 TALCOTT AVENUE (Street) WATERTOWN MA 02472 | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (2 | Zip) | | | | | | | | | | | | . 0.0. | | | | |
| | | Table | I - No | on-Deriva | tive | Secu | rities | Acc | quire | d, Dis | sposed of | , or B | enef | iciall | y Own | ed | | | |
| Date | | | 2. Transacti Date (Month/Day | Year) Exec | | Deemed cution Date, ly nth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | | nd Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | е | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | | 03/05/2020 | | | | | S ⁽¹⁾ | | 772 | D | \$15 | 4.62 | 30 | ,646 | D | | |
| Common Stock | | | | | | | | | | | | | | | 1, | 320 | | I | UTMA Custodian for daughter |
| Common Stock | | | | | | | | | | | | | | 1,320 | | I | | UTMA Custodian for daughter | |
| | 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 | rsion Date Execution Date, if any (Month/Day/Year) titve | | | | Transaction Code (Instr. | | umber vative urities uired r osed) r. 3, 4 | Expira | e Exer ation C h/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | De Se (Ir | 8. Price of Derivative Security (Instr. 5) (Instr. 5) 8. Price of derivative Security Sec Ben Own Foll Rep Trar (Ins | | e s lly | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |
| | | | | | Code V (A | | | (D) | Date Exercisable | | Expiration Date | | Amou or Numb of Share: | er | | | | | |

Explanation of Responses:

 $1. \ These \ trades \ were \ made \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ previously \ adopted \ by \ this \ reporting \ person.$

Remarks:

/s/ John Casagrande, as attorney in fact for Mary Lou 03/06/2020 Burke

** 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.