FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHA

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* MASON LINDA A | | | | | | 2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM] | | | | | | | | k all app Direc | enship of Reporting I applicable) Director Officer (give title | | Person(s) to Issuer 10% Owner Other (specify | | |
|--|---|--|--|---------------------------|---|--|-------------------------------|--|-------------------|---------------|---|----------------------------|--------------------------|---|---|--|--|---|--|
| (Last) (First) (Middle) C/O BRIGHT HORIZONS FAMILY SOLUTIONS | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2015 | | | | | | | | | belov | | | below) | ` ' ' | |
| INC 200 TALCOTT AVENUE SOUTH | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) WATERTOWN MA 02472 | | | | _ | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution D | | | Code (Ir | Transaction Dispo | | urities Acquired (sed Of (D) (Instr. 3 | | 3, 4 Secui | | icially d | Fori (D) (Indi | ownership m: Direct or irect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amou | Amount (A) or | | rice | Repor | eported ansaction(s) estr. 3 and 4) | | , | , ,, | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year | 4. Transac Code (II | 5. Number | | ative ities ired sed | 6. Date Exercis Expiration Dat (Month/Day/Ye | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Der Sec (Ins | Price rivative curity str. 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) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | oiration e | Title | Amount or Number of Shares | er | | | | | | |
| Restricted Stock Units | (1) | 05/11/2015 | | A | | 1,000 | | (1) | | (1) | Commor Stock | 1,00 | 0 9 | 50.00 | 1,000 | | D | | |
| Restricted Stock Units | (1) | 05/11/2015 | | A | | 1,000 | | (1) | | (1) | Commor Stock | 1,00 | 0 3 | \$0.00 | 1,000 | | I | By spouse | |

Explanation of Responses:

1. Each restricted stock unit vests upon grant and represents the right to receive one share of common stock upon the earlier of the 5th anniversary of the grant or the Director's termination of service.

Remarks:

/s/ John Casagrande, attorneyin-fact for Linda Mason 05/13/2015

** 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.