FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | burden | | | | | | | | |

0.5

hours per response:

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* <u>Minehan Cathy E.</u> | | | | BF | 2. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY | | | | | | | | | | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner | | | | | |
|--|---|--|--|-----------------------------|--|---|---------|------|---|--------|--------------------|---|-----------------|---|--|---|--|---|--|--|
| (Last) (First) (Middle) | | | | SC | SOLUTIONS INC. [BFAM] | | | | | | | | | 71 | Officer (give title below) | | Oth | er (specify ow) | | |
| C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2018 | | | | | | | | | | | | | | |
| 200 TALCOTT AVENUE SOUTH | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form | filed by One | Reporting F | erson | |
| WATERTOWN MA 02472 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Sec | curitie | s Ac | quired | , Dis | posed o | f, or | Ben | eficia | ally (| Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | n Date, | Code | action (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 06/12/2 | | | | 2018 | | A | | 925 | | A | \$0.0 | 0(1) | 3 | 3,207 | D | | | | | |
| 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Transaction Code (Ins | | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | | | | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | |
| | | | | , | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nui of | ount nber ires | | | | | | |

Explanation of Responses:

1. Each restricted stock unit is fully vested and represents the right to receive one share of common stock upon the earliest of the 5th anniversary of the grant, termination of service, and a change in control of the Company.

Remarks:

/s/ John Casagrande, as attorney in fact for Cathy E.

06/13/2018

Minehan

** 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.