Atkinson Julie Form 3 December 20, 2017

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

SECURITIES

response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person * Atkinson Julie			2. Date of Event Requiring Statement (Month/Day/Year) 12/19/2017		3. Issuer Name and Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM]			
(Last) (F	First)	(Middle)	12/19/2017		4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Origina Filed(Month/Day/Year)
C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC, 200 TALCOTT AVENUE SOUTH (Street) WATERTOWN, MA 02472					(Check all applicable) Director 10% Own Officer Other (give title below) (specify below)		6 Owner	6. 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)	(Zip)	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)			Bene	mount of eficially (tr. 4)	Securities Owned	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	*
Reminder: Report o		e line for eac	ch class of securities	s beneficia	ally S	SEC 1473 (7-0)2)	
	informa	tion conta	ond to the collect ined in this form and unless the for	are not	nys a			

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

currently valid OMB control number.

1. Title of Derivative Security 3. Title and Amount of 5. 6. Nature of Indirect 2. Date Exercisable and 4. (Instr. 4) **Expiration Date** Securities Underlying Conversion Ownership Beneficial Ownership (Month/Day/Year) **Derivative Security** or Exercise Form of (Instr. 5) Derivative (Instr. 4) Price of Derivative Security:

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Date Expiration Title Exercisable Date

Amount or Security Number of Shares Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

Atkinson Julie

C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC 200 TALCOTT AVENUE SOUTH WATERTOWN, MAÂ 02472

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Signatures

/s/ John Casagrande, as attorney in fact for Julie Atkinson

12/20/2017

**Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, see Instruction 5(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).

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Remarks:

Exhibit 24 - Power of Attorney

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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