### Edgar Filing: MASON LINDA A - Form 4

MASON LII Form 4													
January 03, 2	ЛЛ	) STATES						NGE C	OMMISSION	OMB	PROVAL 3235-0287		
WaCheck this box if no longer subject to Section 16.Form 4 or Form 5 obligations may continue.STATEMENT OF CHANForm 5 					IN I UR f the Hold	ITIES e Securiti ling Com	CIA ies Ex ipany	change Act of	Act of 1934, 1935 or Sectior	RSHIP OF RSHIP OF Ct of 1934,			
(Print or Type ]	Responses)												
MASON LINDA A Sy BI			Symbol BRIGH	2. Issuer Name <b>and</b> Ticker or Trading Symbol BRIGHT HORIZONS FAMILY SOLUTIONS INC. [BFAM]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	(First) HT HORIZONS NS INC, 200 TA SOUTH		3. Date o (Month/I 12/29/2	Day/Yea		ansaction			Director Officer (give t below)		Owner r (specify		
				endment, Date Original nth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WATERTC	OWN, MA 02472	2							Form filed by M Person	ore than One Rej	porting		
(City)	(State)	(Zip)	Tab	e I - No	on-D	erivative S	Securi	ties Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 3, 4 and 5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	06/05/2017					6,250	D	\$ 0	124,588	Ι	By Linda A. Mason Trust		
Common Stock	11/28/2017			G <u>(1)</u>	v	11,500	D	\$ 0	113,088	Ι	By Linda A. Mason Trust		
Common Stock	12/29/2017			S <u>(2)</u>		7,718	D	\$ 94.15 <sub>(3)</sub>	105,370	Ι	By Linda A Mason Trust		

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Common Stock	10,552	D	
Common Stock	3,517	Ι	By Spouse
Common Stock	1,226	Ι	By Roger H. Brown Trust

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transactio	5. Mumber	6. Date Exerce Expiration Date		7. Title and Amount of	8. Price of Derivative	9. Nu Deriv
Security	or Exercise	(internal Duff Tour)	any	Code	of	(Month/Day/		Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	· ·	,	Securities	(Instr. 5)	Bene
	Derivative	erivative			Securities	Securities		(Instr. 3 and 4)	4)	Owne
	Security	ecurity			Acquired					Follo
					(A) or					Repo
					Disposed					Trans
				of (D)					(Instr	
					(Instr. 3,					
					4, and 5)					
								Amou	nt	
						Dete	<b>г</b> · .·	or		
						Date Exercisable	Expiration Date	Title Numb	er	

Code V (A) (D)

# Reporting Owners

**Reporting Owner Name / Address** 

#### Relationships

Director 10% Owner Officer Other

MASON LINDA A C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472

### Signatures

/s/ John Casagrande, attorney-in-fact for Linda Mason

01/03/2018

\*\*Signature of Reporting Person

Date

Shares

## **Explanation of Responses:**

- \* 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).
- (1) The reporting person made a donation to a charitable foundation.
- (2) These trades were made pursuant to a Rule 10b5-1 trading plan.

This transaction was executed in multiple trades at prices ranging from \$93.98 to \$94.42. The price reported above reflects the weighted(3) average price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.