

BRIGHT HORIZONS FAMILY SOLUTIONS INC.

Form 3

January 08, 2014

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *

Â Kramer Stephen Howard

(Last) (First) (Middle)

C/O BRIGHT HORIZONS
 FAMILY SOLUTIONS
 INC,Â 200 TALCOTT AVENUE
 SOUTH

(Street)

WATERTOWN,Â MAÂ 02472

(City) (State) (Zip)

1. Title of Security
 (Instr. 4)

Common Stock

2. Date of Event Requiring Statement

(Month/Day/Year)
 01/06/2014

3. Issuer Name and Ticker or Trading Symbol

BRIGHT HORIZONS FAMILY SOLUTIONS INC.
 [BFAM]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 Chief Development Officer

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned
 (Instr. 4)

6,386

3. Ownership Form:
 Direct (D)
 or Indirect (I)
 (Instr. 5)

I

4. Nature of Indirect Beneficial Ownership
 (Instr. 5)

Stephen H. Kramer, as Trustee of the Charles River View Trust dtd 12/13/07 as Amended

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

SEC 1473 (7-02)

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

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Option to Purchase Common Stock	Â (1)	04/01/2021	Common Stock	125,436	\$ 14.54	D	Â
Option to Purchase Common Stock	Â (2)	04/01/2021	Common Stock	16,278	\$ 12	D	Â
Option to Purchase Common Stock	Â (3)	04/04/2022	Common Stock	86	\$ 12	D	Â
Option to Purchase Common Stock	Â (4)	04/04/2022	Common Stock	668	\$ 14.54	D	Â
Option to Purchase Common Stock	01/25/2016	01/25/2020	Common Stock	40,000	\$ 22	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Kramer Stephen Howard C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472	Â	Â	Â Chief Development Officer	Â

Signatures

/s/ John Casagrande, as attorney in fact for Stephen Kramer 01/08/2014

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

- (1) The option to purchase 125,436 shares of common stock is vested as to 41,812 shares. On June 1, 2014, 41,812 shares will be eligible to vest and the remaining 41,182 shares will be eligible to vest on June 1, 2015.
- (2) The option to purchase shares 16,278 of common stock is vested as to 5,426 shares. On June 1, 2014, 5,426 shares will be eligible to vest and the remaining 5,426 shares will be eligible to vest on June 1, 2015.
- (3) On April 4, 2011, the reporting person received an option to purchase 86 shares of the registrant's common stock. The vesting criteria have been met with respect to this award.
- (4) On April 4, 2011, the reporting person received an option to purchase 668 shares of the registrant's common stock. The vesting criteria have been met with respect to this award.

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Remarks:

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Exhibit List, 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.