Edgar Filing: LISSY DAVID H - Form 4

Form 4											
January 17, 2	1 /		CECH			СПА	NCEO			PROVAL	
	UNITE) STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check th if no long subject to Section 1 Form 4 o	STATE 6.	EMENT OI	F CHAN	GES IN SECUR		ICIA	AL OWN	ERSHIP OF	Expires: Estimated a burden hour response	0	
Form 5 obligation may cont <i>See</i> Instru 1(b). (Print or Type F	ns Section 1' inue. action	7(a) of the l	Public U		ding Cor	npan	y Act of	e Act of 1934, 1935 or Sectior 0	1		
1. Name and Address of Reporting Person <u>*</u> LISSY DAVID H S B				r Name and T HORIZ IONS IN	ZONS FA	AMIL		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	(First) IT HORIZONS IS INC, 200 TA COUTH		3. Date of (Month/E 01/15/2	•	ransaction			Director Officer (give t below) Exec. Cha		Owner r (specify oard	
Filed(Mo				nendment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
	WN, MA 0247							Person	ore than one Rej	portung	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	rities Acqu	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	01/15/2019			F	7,917 (1)	D	\$ 112.56	353,668	D		

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,		ate	Amou Unde Secur	le and unt of rlying rities \therefore 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
Repo	rting C)wners		Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

D.1.4

Reporting Owner Name / Address	Relationships						
		10% Owner	Officer	Other			
LISSY DAVID H C/O BRIGHT HORIZONS FAMILY SOLUTIONS INC 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472			Exec. Chairman of the Board				
Signatures							
/s/ John Casagrande, as attorney in fact for David Lissy	01/1	7/2019					
**Signature of Reporting Person	E	Date					
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) Shares withheld to satisfy tax withholding obligation arising upon the vesting of restricted stock.

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.