FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Stagno Christopher | | | | | BRI | 2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV] | | | | | | | | Relationship of Reporting I (Check all applicable) Director | | | | Person(s) to Issuer | | |
|--|--|--|---|----------|---|---|---------|-----|--|---|----------------|---|-----------------------------------|--|--|--|---|---|---|--|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/29/2014 | | | | | | | | X | below | • , | | Other (specify below) | | |
| C/O BRIGHTCOVE INC. | | | | | | | | | | | | | | PAO, VP, CORPORATE CONTROLLER | | | | | | |
| 290 CONGRESS STREET, 4TH FLOOR | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | on | |
| BOSTO | N M | A (| 02210 | | | | | | | | | | | | Form Perso | orm filed by More than One Reportir erson | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - N | on-Deriv | ative S | Sec | urities | Ac | quired, D | isp | osed o | of, or Be | enefic | ially | / Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day/ | | | | | | Execution Date, | | | Code (Ins | Transaction Dispose Code (Instr. and 5) | | rities Acq ed Of (D) (| | | Securit Benefic Owned | Securities Fo Beneficially (D) | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amoun | unt (A) or (D) | | ice | Report Transa | | | r. 4) | (Instr. 4) | |
| | 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) | Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | o D S (I | . Price f erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amou or Numb of Share | er | | | | | | |
| Stock Option (right to buy) | \$5.97 | 07/29/2014 | | | A | | 10,000 | | (1) | 07. | /29/2024 | Common Stock | 10,00 | 00 | \$0 | 10,000 | | D | | |

Explanation of Responses:

 $1. \ This \ stock \ option \ vests \ in \ four \ equal \ annual \ installments \ beginning \ on \ July \ 29, \ 2015.$

/s/ Christopher Keenan, as attorney-in-fact

07/30/2014

** 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.