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* Allaire Jeremy | | | | | BRI | 2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV] | | | | | | | | | eck all ap | nip of Reporti oplicable) ector | | Person(s) to Issuer | |
|--|--|---|---------|-----------|----------|--|-------------|-------------------------|--|------------------------------------|------------|--|-------------|-------|---|--|--|-----------------------|---|
| (Last) | (Fir | (, | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2015 | | | | | | | | | | Officer (give title below) | | Other (specify below) | |
| C/O BRIGHTCOVE INC. 290 CONGRESS STREET, 4TH FLOOR | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) BOSTON | I MA | A 0. | 2210 | | | | | | | | | | | | For | m filed by Ond m filed by Mod son | | - | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | e I - N | lon-Deriv | ative S | Secu | ıritie | s Acc | uired, I | Disp | osed of | f, or | Bene | ficia | lly Owr | ied | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5) | | | | | | Secu Bene Own | nount of rities ificially ed owing | 6. Owner Form: Di (D) or Indirect (Instr. 4) | rect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (A (C | A) or D) | Price | Repo Tran | orted saction(s) r. 3 and 4) | (111501.4) | | (111501. 4) | | | | | | |
| Common Stock 11/16/20 | | | | | | .015 | | F ⁽¹⁾ | | 5,378 | | D | \$6.3 | 9 4 | 17,365 | D | | | |
| | 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 | exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (month/Day/Year) | | | Code (Ir | s. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | str. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Director Ind (I) (In 4) | t (D) direct | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

 $1. \ Shares \ withheld \ by \ Issuer \ to \ cover \ taxes \ associated \ with \ settlement \ of \ restricted \ stock \ units.$

/s/ Christopher Keenan, as attorney-in-fact 11/17/2015

** 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.