FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours ner resnonse:							

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

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

1. Name ar Ray Jef (Last) C/O BRI 290 CON (Street) BOSTON	3. Da 11/1	2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV] 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2021 4. If Amendment, Date of Original Filed (Month/Day/Year)								(Check X X	X Officer (give title Other (specify below) below) Chief Executive Officer Individual or Joint/Group Filing (Check Applicable ine)									
(City)	(S	tate) (Z	Zip)												Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			,	3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (D			Acquired (A) or (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(IIISU. 4)				
Common Stock 1					11/15/2021				P		5,000	A	\$10	.2(1)	26	57,350		D		
Common Stock 11/10					021				P		1,000	A	\$10).27	268,350			D		
Common Stock 11/16/20)21					2,000	A	\$ 10 .	.25 ⁽²⁾	27	270,350		D		
Common Stock 11/16/20					021				P		2,000	A	\$10	.3 ⁽³⁾	3 ⁽³⁾ 272,350			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	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, h/Day/Year)	4. Transa Code (8)				6. Date Exer Expiration I (Month/Day)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date		or Numbe of Shares	r						

Explanation of Responses:

- 1. This price represents the weighted average purchase price ranging from \$10.18 to \$10.21. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares purchased at each separate price.
- 2. This price represents the weighted average purchase price ranging from \$10.21 to \$10.29. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares purchased at each separate price.
- 3. This price represents the weighted average purchase price ranging from \$10.29 to \$10.32. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares purchased at each separate price.

Remarks:

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

11/17/2021

** 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.