FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	don 1(b).			i lica							Company Act									
Name and Address of Reporting Person* Edenbrook Capital, LLC						2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
(Last) (First) (Middle) 116 RADIO CIRCLE SUITE 202						3. Date of Earliest Transaction (Month/Day/Year) 11/28/2022									Office below	er (give ti w)	tle	Oth belo	er (specify ow)	
(Street) MOUNT KISCO NY 10549					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Person														
(City)	(S		Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					2A. Dee		Deeme cution ny	ed Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		ed (A) or		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
Common Stock, par value \$0.0001 11/28/202					22	2			P		11,366	A	\$5.28	45	5,619,856		I		See footnotes ⁽¹⁾	
Common Stock, par value \$0.0001 11/29/202					22	2			P		4,400 A		\$5.29	98	5,624,256		I		See footnotes ⁽	
		Ta	ble II								sposed of, s, converti				/ Owne	d				
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. Transaction Code (Instr. 8)		on of carrier of carrier on	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		5	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Security Security Owner Follow Report Transa (Instr.		tive Owne ties Form cially Direct d or Ind ving (I) (Instead action(s)		Benefic O) Owners ect (Instr. 4	
					Code	v		A) (D)	Dat Exe	te ercisab	Expiration Date	Title	Amoun or Numbe of Shares	r						
		f Reporting Person'	•																	
(Last) 116 RAI SUITE 2	DIO CIRCI	(First) "E	()	Middle)		_														
(Street) MOUNT KISCO NY 10549				0549																
(City) (State) ((Z	(Zip)																
	nd Address o <mark>Jonathan</mark>	f Reporting Person	•																	
(Last) 116 RAI SUITE 2	DIO CIRCI	(First) _E	(1)	Middle)		_														
(Street)	KISCO	NY	1	0549		-														

Explanation of Responses:

(State)

(Zip)

(City)

disclaims beneficial ownership in the securities reported on this Form 4 except to the extent of its pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Edenbrook Capital, LLC; By:

/s/ Jonathan Brolin, Managing 11/30/2022

Member

<u>/s/ Jonathan Brolin</u> <u>11/30/2022</u>
** 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.