FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 20

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
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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	on 30(r	n) of th	e investi	ment	Company Ac	t of 1940								
Name and Address of Reporting Person* Edenbrook Capital, LLC					2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last) 116 RAD SUITE 20	(Fii IO CIRCLI)2	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/11/2021							Officer (give title Other (specify below) below)							
	KISCO N		10549		- 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		Zip)																	
1. Title of Security (Instr. 3) 2. T Dat			2. Transac Date (Month/Da	tion	on 2A. Deemed Execution Date,		3. Transa Code (ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Ť	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 Transaction (Instr. 3 as					(Instr. 4)	
Common Stock, par value \$0.0001			11/11/2	:021				P		38,978	A	\$10.17	'48	4,626,	,842		I	See footnotes ⁽¹⁾		
Common Stock, par value \$0.0001 11			11/12/2	2021)21			P		11,022	A	\$10.18).1874 4,63		637,864		I	See footnotes		
		1	Table I								sposed of , convert				Owned					
Security or Exercise (Month/Day/Year) if any				ion Date, Trar		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ate	7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security		9. Numb derivati Securiti Benefic Owned Followin Reporte Transac (Instr. 4	ve ies ially ng ed ction(s)	10. Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficia Ownersh ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Share	r						
Put Option (Obligation to Buy)	\$9								01/26/2	2021	12/17/2021	Common Stock	200,00	00		2,0	00	I	See Footnote ⁽	
	d Address of ook Capit	Reporting Person*																		

									
1. Name and Address of Reporting Person* <u>Edenbrook Capital, LLC</u>									
(Last)	(First)	(Middle)							
116 RADIO CIRCI	RADIO CIRCLE								
SUITE 202									
(Street)									
MOUNT KISCO	NY	10549							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* Brolin Jonathan									
(Last)	(First)	(Middle)							
116 RADIO CIRCLE									
SUITE 202									
(Street)									
MOUNT KISCO	NY	10549							
(City)	(State)	(Zip)							

Explanation of Responses:

Edenbrook Capital, LLC; By: 11/15/2021

/s/ Jonathan Brolin, Managing

Member

<u>/s/ Jonathan Brolin</u> <u>11/15/2021</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.