FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Vashington, D.	C. 20549
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Washington, D.C. 20549	OMB APPRO	VAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
	Estimated average burd hours per response:	ten 0.5
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	nours per response.	0.5

0.5

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

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1. Name and Address of Reporting Person* <u>Edenbrook Capital, LLC</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol BRIGHTCOVE INC [ BCOV ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner						
(Last) (First) (Middle) 116 RADIO CIRCLE SUITE 202						3. Date of Earliest Transaction (Month/Day/Year) 12/12/2022										er (give til	ile	Oth belo		pecify	
(Street) MOUNT KISCO (City)	, N'		0549 Zip)		4. lf	Line) Form filed									filed by (	int/Group Filing (Check Applicable of by One Reporting Person of by More than One Reporting					
(Oily)	(0.0			on-Deriva	tive	Secu	ırities	Δ.ς.	auire	ı Di	snosed of	or F	Renefi	cial	lly Own	ed					
Date			2. Transaction	on 2A. Dee Executi Year) if any		eemed ution Da			ction Instr.	4. Securities	Acquired (A) or (D) (Instr. 3, 4 an		r	5. Amoun Securities Beneficia Owned Fo Reported	et of s lly ollowing	Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		ature of rect eficial ership rr. 4)		
ı									Code	v	Amount	(A) or (D)	Price		Transacti	Transaction(s) (Instr. 3 and 4)		"		3ti. 4)	
Common	Stock, par	value \$0.0001		12/12/20	)22				P		7,000	A	\$5.1	83	5,676,256			I	See footnotes(		
		Tal	ole II								oosed of, convertib				/ Owned	d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date,	4.	action	5. Nu of Deriv Secu Acqu (A) o Dispo of (D)	5. Number			rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8 5	s. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followir Reporte Transac (Instr. 4)	re es ally ng d tion(s)	Ownersi Form: Direct (I or Indire (I) (Instr.		Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	r							
	nd Address of ook <u>Capi</u>	Reporting Person* tal, <u>LLC</u>																			
(Last) 116 RAI SUITE 2	DIO CIRCL	(First)	(N	Middle)																	
(Street) MOUNT	KISCO	NY	10	0549																	
(City)		(State)	(Z	lip)																	
	nd Address of Jonathan	Reporting Person*																			

## **Explanation of Responses:**

MOUNT KISCO

116 RADIO CIRCLE

(First)

(State)

(Middle)

10549

(Zip)

(Last)

(Street)

(City)

**SUITE 202** 

<sup>1.</sup> The securities reported herein are held in the accounts of private funds. Edenbrook Capital, LLC may be deemed to be a beneficial owner of such securities by virtue of its role as the investment manager of such private funds. Jonathan Brolin may be deemed to be a beneficial owner of such securities by virtue of his role as managing member of Edehbrook Capital, LLC. Each Reporting Person 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.

/s/ Jonathan Brolin, Managing Member

<u>/s/ Jonathan Brolin</u> <u>12/14/2022</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.