SEC Fo																				
FORM 4 UI				UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
Check this box if no longer subject STATEMEN						T OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden			5-0287	
🖵 obliga	tions may cont ction 1(b).			Filed	l pursu or S	ant to ection	Sectio 30(h)	n 16(a of the) of the Investm	Secur ient C	ities Exchang ompany Act o	je Act o of 1940	of 1934		ho	urs per r	esponse:		0.5	
						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) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 10/26/2023								Officer (give title Other (specify below) below)					ecify	
116 RADIO CIRCLE SUITE 202					4. lf	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						
(Street)														X Form Perse	i filed by f	More tha	an One F	Report	ng	
MOUNT NY 10549 KISCO				Ru	Rule 10b5-1(c) Transaction Indication															
(City)	(S	tate) (Zip)			Check satisfy	this bo the affi	x to inc rmative	licate that defense	at a tra e cond	nsaction was m tions of Rule 1	nade pu 0b5-1(c	rsuant to a co). See Instru	ontract, instr ction 10.	uction or w	vritten pla	an that is	intende	ed to	
		Table	e I - N	on-Deriva	ative	Secu	uritie	s Ac	quire	d, Di	sposed of	f, or E	Beneficia	ally Own	ed					
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					Execution Date,			3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) oi (D)	Price	Transact (Instr. 3 a	ion(s)			(เกรน	4)	
Common Stock, par value \$0.0001 10/26/202					023	3		Р		3,000	A	\$2.85	6,313	6,313,251		Ι		notes ⁽¹⁾		
		Та	ble II								oosed of, convertib				d					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any			Transaction Code (Instr.				e Exer ation I h/Day		Amount of Securities		8. Price of Derivative Security (Instr. 5) 9. Num derivati Securit Benefic Owned Followi Report Transau (Instr. 4		ive Owne ties Form: cially Direct or Ind ing (I) (Ins ed ction(s)		hip (E D) (ect (L1. Naturo of Indirec Beneficia Ownersh Instr. 4)	
					Code	v	(A)	5) (D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	ber						
	nd Address o rook Cap	f Reporting Person	k																	
(Last) 116 RAI SUITE 2	DIO CIRCI 202	(First) LE	1iddle)		_															
(Street) MOUN	Г KISCO	NY 10549				-														
(City) (State)				(Zip)																
	nd Address o Jonathan	f Reporting Person	k																	
(Last) 116 RADIO CIRCI SUITE 202		(First) _E	(N	1iddle)																
(Street) MOUN	Г KISCO	NY	10549																	
(City)		(State)	lip)																	

Explanation of Responses:

1. 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 Edenbrook 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 /s/ Jonathan Brolin Date

** Signature of Reporting Person

10/30/2023

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.