FORM 4

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

Washington, D.C. 20549

D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e· 0.5								

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

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

							. ,				ompany Act o	. 1040							
1. Name and Address of Reporting Person* <u>Edenbrook Capital, LLC</u>						2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [ BCOV ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director					
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/09/2024								Office below	er (give tit v)	le	Oth belo	er (specify w)		
116 RADIO CIRCLE SUITE 202				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						
(Street)					Form filed by More than One Reporting Person														
MOUNT KISCO NY 10549				Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Non-	-Derivat	tive \$	Secu	urities	Ac	quirec	l, Di	sposed of	, or B	eneficia	lly Own	ed				
1. Title of Security (Instr. 3)  2. Transactio Date (Month/Day/Y				Execution Date,				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) or (D)	Price	Transaction(s) (Instr. 3 and 4)				,	
Common Stock, par value \$0.0001 08/09/202					24		P		30,000	A	\$2.01	6,561,414		I		See footnotes <sup>(1)</sup>			
Common Stock, par value \$0.0001 08/12/202					24		P		20,000	A	\$1.98	6,581,414		I		See footnotes <sup>(1)</sup>			
		Tal									oosed of, convertib			y Owne	d				
1. Title of Derivative Security (Instr. 3)			n Date,	4. Transaction Code (Instr. 8)				Expiration [		Date	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporte Transac (Instr. 4)	re es ally ig d tion(s)	10. Owners Form: Direct (I or Indire (I) (Instr	Beneficia Ownersh ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date		Amount or Number of Shares						
		f Reporting Person*																'	
(Last) (First) (Middle) 116 RADIO CIRCLE SUITE 202																			
(Street)	KISCO	NY	1054	19															
(City) (State) (Zip)																			
	nd Address o <u>Jonathan</u>	f Reporting Person <sup>*</sup>																	
(Last) 116 RAI SUITE 2	DIO CIRCI	(First) LE	(Middl	lle)															
(Street)	KISCO	NY	1054	19															

## 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 08/13/2024

Member

<u>/s/ Jonathan Brolin</u> <u>08/13/2024</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.