FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| Name and Address of Reporting Person* Allaire Jeremy | | | | | | Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all appl Direct | onship of Reporting Il applicable) Director Officer (give title | | 0% C | Issuer Dwner (specify |
|--|--|---------|----------|----------|-----------------------------|---|---|---|--|-----------|-----------------------|---------------------------|---|--|---|--|--|--|--------|---|
| (Last) | (Fin | , | /liddle) | 1 | 05/20/2015 | | | | | | | | | | | below) | | | below) | |
| C/O BRIGHTCOVE INC. 290 CONGRESS STREET, 4TH FLOOR | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applica Line) | | | | | |
| (Street) BOSTON | · | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y | | | | | /Year) i | Execution Date, | | | | | | | ies Acquired (A) o Of (D) (Instr. 3, 4 a | | | 5. Amo Securi Benefi Owned Follow | cially I | 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 | Repo Trans | | | (111501.4) | | (111501. 4) |
| Common Stock 05/20/2 | | | | | 015 | | | S | | 25,000(1) | | D | \$7.18(2) | | (2) 437,743 | | D | | | |
| Common Stock 05/21/2 | | | | |)15 | | | S | | 15,000 | | D | \$7.19(3) | | 422,743 | | D | | | |
| | | Та | ble II | e.g., pı | | | | | | | osed of, convertib | | | | y Ow | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | Code (I | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | l nstr. | 8. Priof of Derive Secur (Instr. | rivative curity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | Date Exercisable | | Expiration Date | Numb of Title Share | | | | | | | | |

Explanation of Responses:

- 1. This sale was made pursuant to a written trading plan adopted by the Reporting Person in accordance with Rule 10b5-1.
- 2. This price represents the weighted average of sales ranging from \$7.05 to \$7.32. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.
- 3. This price represents the weighted average of sales ranging from \$7.10 to \$7.27. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.

/s/ Christopher Keenan, as attorney-in-fact 05/21/2015

** 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.