FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL									
OMB Nu	3235-0287								
Estimated average burden									
hours pe	e: 0.5								
Estimate		burden							

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	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

1. Name and Address of Reporting Person* HAROIAN GARY E					2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV] 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023									(Cr	eck all ap X Dire Offic	plicable) ctor er (give title	10% O		wner	
(Last) (First) (Middle) C/O BRIGHTCOVE INC. 281 SUMMER STREET			4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	N M	A 0	02210			X											Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	<u>Z</u> ip)		Rule 10b5-1(c) Transaction Indication 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	l - No	n-Deriva	tive S	ecui	rities	Acc	uired,	Dis	posed of	f, or	r Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				/Year)	Execuif any	Deemed ution Date, / th/Day/Year)		Transaction D Code (Instr. 5)		4. Securities Acquired (ADisposed Of (D) (Instr. 3.5)			d Secur Benet Owne Follow	icially d ving	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		ted action(s) 3 and 4)					
Common Stock 05/10/20					023			A		21,841(1	1)	A	\$0.0	.00 83,240			D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year)			ition Date,	4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities ired ir osed) r. 3, 4	6. Date I Expirati (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f ; g : nd 4)	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Titl	or Nui of	mber ares							

Explanation of Responses:

1. These shares were acquired pursuant to a restricted stock unit award under the Brightcove Inc. 2021 Stock Incentive Plan. Each restricted stock unit represents a contingent right to receive one share of Brightcove Inc. common stock. The restricted stock units vest in full upon the earlier of (i) May 10, 2024 and (ii) the date of the next Annual Meeting of Stockholders of Brightcove Inc. following May 10, 2023.

Remarks:

/s/ Christopher Keenan, as attorney-in-fact

05/11/2023

** Signature of Reporting Person

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.