FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20040 | OMB APPROVAL | | | |
|--|--------------|--------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0 | | |

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| houre per reen | oneo: 0 E | | | | | | | |

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

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* Ray Jeff | | | | | | 2. Issuer Name and Ticker or Trading Symbol BRIGHTCOVE INC [BCOV] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|---------------------|---|---|---|--|--|-------------------------------------|---|----------|--|--------------|---|--|--|---|--|---|--|
| ` ' | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2020 | | | | | | | | | X Officer (give title below) Chief Execu | | | Other below utive Officer | (specify) | | |
| (Street) BOSTON MA 02210 (City) (State) (Zip) | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | Transaction Dispose Code (Instr. 5) | | Disposed | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | and Secu Bene | | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | | | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | (11301. 4) | | |
| Common Stock 03/0 | | | 03/02/ | 2/2020 | | | | P | | 10,000 | | A | \$7.71 ⁽¹⁾ | | 95,000 | | 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 3. Transaction Date Execution if any (Month/Day/Year) (Month/Day/Year) | | n Date, ay/Year) | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instrand 5 | ative rities ired osed | 6. Date I Expirati (Month/II Date Exercisa | on Dat | ar) Securiti Underly Derivati Security and 4) | | ount of urities erlying vative urity (In 4) Am or Nur of | ount nber | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. This price represents the weighted average purchase price ranging from \$7.68 to \$7.74. 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 purchased at each separate price.

Remarks:

/s/ Christopher Keenan, as 03/02/2020 attorney-in-fact

** 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.