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Care.com Inc Form 4										
August 13, 2014										
FORM 4	L								OMB APPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								N OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								Estimated burden hou response	urs per	
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> Lang Laura W			2. Issuer Name and Ticker or Trading Symbol Care.com Inc [CRCM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (I	Middle)	3. Date of Earliest Transaction			(Check an applicable)				
C/O CARE.COM, INC., 201 JONES ROAD, SUITE 500			(Month/Day/Year) 08/06/2014			Officer (give titleOther (specify below) below)				
	(Street)	reet) 4. If Amendment, Date Original Filed(Month/Day/Year)			1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
WALTHAM, M	IA 02451						Form filed by Person	More than One R	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	Acquired, Disposed	of, or Beneficia	lly Owned	
	ransaction Date nth/Day/Year)	2A. Deemo Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securiti onAcquired Disposed (Instr. 3, 4 Amount	(A) or of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Reminder: Report of	n a separate line	for each cl	ass of sec	urities bene	ficially owr	ned directly	or indirectly.			
					inform requir	ation cont ed to resp ys a curre	spond to the colle tained in this form ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orDerivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	S

(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	(Instr. 8)	or Dispose (D)	(Instr. 3, 4,				(
			Code V	7 (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 8.97	08/06/2014	А	20,984		<u>(1)</u>	08/05/2024	Common Stock	20,984

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	Director 10% Owner Of		Other				
Lang Laura W C/O CARE.COM, INC. 201 JONES ROAD, SUITE 500 WALTHAM, MA 02451	Х							
Signatures								
/s/ Diane Musi, as Attorney-in-Fa Lang	ıra W	08/	13/2014					
<u>**</u> Signature of Reporting Per	son			Date				

Explanation of Responses:

* 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).

This option will become exercisable as to 25% of the original number of securities acquired on the first anniversary of the Transaction Date, and the remaining shares subject to the option become exercisable as to 6.25% of the original number of securities acquired at the

Date, and the remaining shares subject to the option become exercisable as to 0.25% of the original number of securities acquired at the end of each successive three month period from first anniversary of the Transaction Date until the fourth anniversary of the Transaction Date, subject to the Reporting Person's continued service relationship with the Issuer on each such vesting date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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