Care.com Inc Form 4 March 15, 2016

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Check this box if no longer subject to Section 16.

Form 4 or

Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL

OMB Number:

3235-0287

Expires:

January 31, 2005

Estimated average burden hours per

response...

0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Common

\$0.001 par

Stock,

value

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Swette Brian | | | 2. Issuer Name and Ticker or Trading Symbol Care.com Inc [CRCM] | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|--|-----------------------------------|---------------------|---|-----------------|--|--|--|--|---|--|
| | | | | | | | (Check all applicable) | | | |
| | | | of Earliest Transaction | | | X Director | 100 | % Owner | | |
| C/O CARE.COM, INC., 77 FOURTH AVENUE, 5TH FLOOR | | | (Month/Day/Year) 03/11/2016 | | | Officer (giv | | er (specify | | |
| (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| WALTHAM, MA 02451 | | | Filed(Month/Day/Year) | | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | ~ | | | | | |
| (City) | (State) | (Zip) | Table | e I - Non-De | erivative S | ecurities Ac | quired, Disposed | of, or Beneficia | lly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction I (Month/Day/Ye | ear) Executi any | emed on Date, if /Day/Year) | Code (Instr. 8) | 4. Securit onAcquired Disposed (Instr. 3, | (A) or of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock, \$0.001 par value | | | | | | (-, -, -, -, -, -, -, -, -, -, -, -, -, - | 2,672 | D | | |
| Common Stock, \$0.001 par value | | | | | | | 179,960 | I | See Footnote (1) | |

See

(2)

Footnote

41,530

Ι

Edgar Filing: Care.com Inc - Form 4

| Common | | | Caa |
|-------------|--------|---|----------|
| Stock, | 44.700 | _ | See |
| \$0.001 par | 41,530 | 1 | Footnote |
| value | | | (3) |

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

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 control number.

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 Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|--------------------------------------|---|---|--|--|--------------------|---|-------------------------------------|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Restricted Stock Units | <u>(4)</u> | 03/11/2016 | | A | 11,190 | <u>(5)</u> | <u>(5)</u> | Common Stock | 11,190 |
| Stock Option (Right to Buy) | \$ 6.7 | 03/11/2016 | | A | 24,110 | <u>(6)</u> | 03/10/2026 | Common Stock | 24,110 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|--|---------------|-----------|---------|-------|--|--|
| | Director | 10% Owner | Officer | Other | | |
| Swette Brian C/O CARE.COM, INC. 77 FOURTH AVENUE, 5TH FLOOR WALTHAM, MA 02451 | X | | | | | |
| Signatures | | | | | | |
| /a/Diana Musi as Attamass in Fact for | Dulan | | | | | |

/s/ Diane Musi, as Attorney-in-Fact for Brian
Swette
03/15/2016

**Signature of Reporting Person Date

Reporting Owners 2

Edgar Filing: Care.com Inc - Form 4

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).
- (1) These shares are held by the Swette Family Trust-2000, of which the Reporting Person is a co-trustee.
- (2) These shares are held by GRAT #2 under Brian T. Swette 2010 Master Grantor Retained Annuity Trust Agreement dated 03/01/10, of which the Reporting Person is the trustee.
- (3) These shares are held by GRAT #2 under Kelly Swette 2010 Master Grantor Retained Annuity Trust Agreement dated 03/01/10, of which the Reporting Person's wife is the trustee.
- (4) Each restricted stock unit represents a contingent right to receive one share of Issuer common stock.
- The restricted stock units will vest as to 25% of the original number of restricted stock units on March 9, 2017 and as to an additional (5) 6.25% of the original number of restricted stock units at the end of each successive three month period from March 9, 2017 until March 9, 2020, subject to the Reporting Person's continued service relationship with the Issuer on such vesting date.
- The option will become exercisable as to 25% of the original number of securities acquired on March 9, 2017 and as to an additional (6) 6.25% of the original number of securities acquired at the end of each successive three month period from March 9, 2017 until March 9, 2020, subject to the Reporting Person's continued service relationship with the Issuer on 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.