

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
Krupinski D	avid			C	are.	com I	nc [CR	CM	[]				,			
(Last)	(Last) (First) (Middle)				Date	of Earl	liest Trans	actio	n (MM	I/DD/YYY	Y)	Director10% OwnerOther (specify below)				
C/O CARE.COM, INC., 77 FOURTH AVENUE, 5TH FLOOR							9/9	9/20	16			Chief Techno	ology Offi	cer		
,	(Stre			4.	If Ar	nendm	ent, Date (Origi	nal Fi	led (MM/	DD/YYYY	6. Individual	or Joint/G	roup Filing	Check Appl	icable Line)
WALTHAM, MA 02451 (City) (State) (Zip)												_ X _ Form filed by One Reporting Person _ Form filed by More than One Reporting Person				
	.,,			Non-De	rivat	ive Sec	urities Ac	equir	ed, D	isposed	of, or Bo	eneficially Own	ed			
1.Title of Security (Instr. 3)			rans. Date	2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	ode	4. Securities Acqui or Disposed of (D) (Instr. 3, 4 and 5)		D) ` ´	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: of Indire Benefici	7. Nature of Indirect Beneficial	
							Code	V	Amou	(A) or (D)	Price				Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock, \$0.001 par value 9/9/2016				/9/2016	M 4019 A (1) 176223			D								
Common Stock, \$0.001 par value 9/9/				/9/2016			M		2332	A	(1)	178555		D		
Common Stock, \$0.001 par value 9/12/2016				12/2016			s		1346 (2)	D	\$9.8309	177209		D		
Common Stock, \$0.001 par value 9/12/2010				12/2016			S		781	<u>2)</u> D	\$9.8310	176428		D		
	Tabl	le II - Deri	ivative Se	ecurities	Bene	ficially	Owned (e.g.	, puts	s, calls,	warrants	, options, conve	rtible sec	urities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any	(Instr. 8)	Securities (A) or D (D)			6. Date Exercisable a Expiration Date				Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Restricted Stock Units	<u>(1)</u>	9/9/2016		M			4019		<u>(3)</u>	<u>(3)</u>	Commo Stock	n 4019	\$0	40188	D	
Restricted Stock Units	<u>(1)</u>	9/9/2016		М			2332		<u>(4)</u>	<u>(4)</u>	Commo Stock	n 2332	\$0	32647	D	

Explanation of Responses:

- Each restricted stock unit represents a contingent right to receive one share of Issuer common stock.
- These shares were sold to cover tax withholding obligations created by the vesting of Reporting Person's restricted stock units.
- (The restricted stock units will vest as to 6.25% of the original number of restricted stock units at the end of each successive three month period from March 9,
- 3) 2015 until March 9, 2019, subject to the Reporting Person's continued service relationship with the Issuer on such vesting date.
- (The restricted stock units will vest as to 6.25% of the original number of restricted stock units at the end of each successive three month period from March 9,
- 4) 2016 until March 9, 2020, subject to the Reporting Person's continued service relationship with the Issuer on such vesting date.

Reporting Owners

Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Krupinski David C/O CARE.COM, INC. 77 FOURTH AVENUE, 5TH FLOOR WALTHAM, MA 02451			Chief Technology Officer					

/s/ Diane Musi, as Attorney-in-Fact

**Signature of Reporting Person

9/13/2016

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 control number.