

[] 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

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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)				
Swette Brian	1			\mathbf{C}	are.c	om I	nc [CR	CM	[]								
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X _ Director Officer (given	X Director 10% Owner Officer (give title below) Other (specify below)				
C/O CARE.COM, INC., 77 FOURTH AVENUE, 5TH FLOOR				Н			9/2	3/20	016								
	(Stre			4.	If Am	endme	nt, Date C)rigii	nal File	d (MM/D	D/YYY	Y) 6. Individual of	6. Individual or Joint/Group Filing (Check Applicable Lin				
WALTHAM, MA 02451 (City) (State) (Zip)													X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(C	ity) (Sta	(Z1	<u>p)</u>														
			Table I -	Non-De	rivativ	ve Seci	urities Ac	quir	ed, Dis	posed o	f, or l	Beneficially Own	ed				
1. Title of Security (Instr. 3)			2. 1	Γrans. Date	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)		4. Securities Acqu or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Ownership of Indire Form: Benefici	Beneficial		
							Code	V	Amount	(A) or (D)	Price				Direct (D) Ownersh (Instr. 4)		
Common Stock, \$0.	001 par value		9,	/23/2016			A		1792 (1)	A	\$10.46		12219		D		
Common Stock, \$0.	001 par value											1	179960		I	See Footnote	
Common Stock, \$0.001 par value												41530		I	See Footnote		
Common Stock, \$0.001 par value												41530			See Footnote		
	Tabl	e II - Der	ivative So	ecurities	Benef	icially	Owned (e.g.	, puts,	calls, w	arran	ts, options, conve	rtible sec	curities)			
	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deeme Execution Date, if any	(Instr. 8)	Acquire Dispose		e Securities (A) or	6. Date Exerc Expiration D			Securi Deriva	e and Amount of ies Underlying tive Security 3 and 4)	derlying Derivative Security	derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V	(A)	(D)	Date	e I rcisable I	Expiration Date	Titla	Amount or Number of Shares		Reported Transaction(s)	Direct (D) or Indirect (I) (Instr. 4)		

Explanation of Responses:

- These shares were issued to the Reporting Person in lieu of board retainer fees of \$18,750.
- These shares are held by the Swette Family Trust-2000, of which the Reporting Person is a co-trustee.
- (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
- 3) Person is the trustee.
- (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
- 4) Person's wife is the trustee.

Reporting Owners

Reporting Owner Name / Address		Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Swette Brian C/O CARE.COM, INC. 77 FOURTH AVENUE, 5TH FLOOR WALTHAM, MA 02451	X								

Signatures

/s/ Diane Musi, as Attorney-in-Fact 9/27/2016

** 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 control number.