#### Edgar Filing: Care.com Inc - Form 4/A

Care.com Inc Form 4/A										
April 26, 2016										
FORM 4	l								PPROVAL	
	UNITED	STATES			AND EX( , D.C. 20		COMMISSIO	N OMB Number:	3235-0287	
Check this bo if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEM Filed pu Section 17	F CHAN Section 1 Public U	NGES IN SECUI	Estimated burden hoi response	urs per					
(Print or Type Respo	onses)									
1. Name and Address of Reporting Person <u>*</u> Krupinski David			2. Issuer Name <b>and</b> Ticker or Trading Symbol Care.com Inc [CRCM]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (	Middle)	3. Date of	of Earliest T	ransaction		(Check all applicable)			
C/O CARE.COM, INC., 77 FOURTH AVENUE, 5TH FLOOR			(Month/Day/Year) 03/11/2016			Director 10% Owner X Officer (give title Other (specify below) below) Chief Technology Officer				
I			4. If Amendment, Date Original Filed(Month/Day/Year) 03/15/2016			<ul> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> </ul>				
WALTHAM, M	IA 02451						Person	More than One K	eporting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	Securities A	cquired, 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)	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)	
Domindor Donort	n a concrete lin	o for each -1	one of ar	unitian har-	ficially	ad directly	ar indiractly			
Reminder: Report o	n a separate lin	e for each cl	ass of sec	urities bene	Person inform require	ns who restation cont ed to resp ys a curre	prindirectly. Spond to the collection ained in this form and 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	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orDerivative	Expiration Date	Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	

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(Instr. 3)	Price of Derivative Security	(Month/Day/Ye		Instr. 8	or Dispo (D)	(Instr. 3, 4,				
			С	Code '	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 6.7	03/11/2016		A	93,280 (1)		(2)	03/10/2026	Common Stock	93,280 (1)

# **Reporting Owners**

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

## Signatures

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

04/26/2016

Date

### \*\*Signature of Reporting Person **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).
- Amended to correct an error in the calculation of the Black Scholes value reflected on the Form 4 filed by the Reporting Person on March (1) 15, 2016 (the "Original Form 4"), resulting in an increase of 12,900 options granted to the Reporting Person.
- The option will vest as to 6.25% of the original number of securities acquired at the end of each successive three month period from (2) March 9, 2016 until March 9, 2020, subject to the Reporting Person's continued service relationship with the Issuer on such vesting date.
- (3) Amended to correct an error in the price of the derivative security reported on the Original Form 4.

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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