Edgar Filing: Yoo Daniel S - Form 4

| Yoo Daniel S Form 4 | S | | | | | | | | | | |
|---|--|--------------|---|---|----------------|--|--|---|------------------|-----------|--|
| April 03, 202 | 18 | | | | | | | | | | |
| | | | | | | | | | OMB AF | PROVAL | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | COMMISSION | OMB Number: | 3235-0287 | |
| Check this box if no longer subject to Section 16. Form 4 or | | | | GES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | Expires: January 31 2005 Estimated average burden hours per response 0.5 | | | |
| Form 5 obligatio may cont See Instru 1(b). | ns Section 17(| (a) of the F | Public Ut | | ling Con | npany | y Act of | e Act of 1934, f 1935 or Section 40 | n | | |
| (Print or Type I | Responses) | | | | | | | | | | |
| 1. Name and Address of Reporting Person <u>*</u> Yoo Daniel S | | | 2. Issuer Name and Ticker or Trading Symbol Care.com Inc [CRCM] | | | | ng | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | | | | |
| (Last) (First) (Middle) C/O CARE.COM, INC., 77 FOURTH AVENUE, 5TH FLOOR | | | 3. Date of Earliest Transaction(Month/Day/Year)03/31/2018 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| (Street) 4. If An | | | | mendment, Date Original Aonth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| WALTHAN | A, MA 02451 | | | | | | | Person | fore than One Re | porting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | Date, if | 3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| Common Stock, | | | | Code V | Amount | | Price | (Instr. 3 and 4) | | | |
| \$0.001 par value | 03/31/2018 | | | А | 545 <u>(1)</u> | А | \$ 16.27 | 869 | D | | |

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.

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

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

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| 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. Transacti Code (Instr. 8) | 5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | ; | ate | Secur | unt of rlying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|---|---------------------------------------|--|---------------------|--------------------|-------|--|---|--|
| | | | | Code V | 7 (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| | Director | 10% Owner | Officer | Other | | | |
| Yoo Daniel S C/O CARE.COM, INC. 77 FOURTH AVENUE, 5TH FLOOR WALTHAM, MA 02451 | Х | | | | | | |
| Signatures | | | | | | | |
| /s/ Diane Musi, as Attorney-in-Fact for S. Yoo | 04/03/2018 | | | | | | |
| **Signature of Reporting Person | | | Date | | | | |
| Evolution of Reenon | 606' | | | | | | |

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 were issued to the Reporting Person in lieu of board retainer fees of \$8,874.

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.