

Bitstream Inc.
Form 3
November 17, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement		3. Issuer Name and Ticker or Trading Symbol	
Monotype Imaging Holdings Inc.			(Month/Day/Year)		Bitstream Inc. [BITS]	
(Last)	(First)	(Middle)	11/10/2011			
500 UNICORN PARK DRIVE					4. Relationship of Reporting Person(s) to Issuer	
(Street)					(Check all applicable)	
WOBURN, MA 01801					5. If Amendment, Date Original Filed(Month/Day/Year)	
(City)	(State)	(Zip)			6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)		<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of Shares			

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Monotype Imaging Holdings Inc. 500 UNICORN PARK DRIVE WOBURN, MA 01801	X			

Signatures

MONOTYPE IMAGING HOLDINGS INC., By: /s/ Janet M. Dunlap, Vice President, General Counsel and Secretary

11/17/2011

__Signature of Reporting Person

Date

Explanation of Responses:

No securities are beneficially owned

- * If the form is filed by more than one reporting person, *see* Instruction 5(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).

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Remarks:

Monotype Imaging Holdings Inc., a Delaware corporation ("Monotype Imaging"), is filing this Form 3 deemed to be a beneficial owner, pursuant to Section 13(d) of the Securities Exchange Act of 1934 of Class A Common Stock, par value \$0.01 per share, of Bitstream Inc., a Delaware corporation (in the aggregate (the "Shares")), subject to voting agreements entered into by Monotype Imaging with the Company in connection with the Agreement and Plan of Merger, dated as of November 10, 2009 and Birch Acquisition Corporation, a Delaware corporation and a wholly-owned subsidiary of Monotype not have any "pecuniary interest" in the Shares. Monotype Imaging disclaims beneficial ownership of the report shall not be deemed an admission that Monotype Imaging is the beneficial owner of any Shares for any other purpose.

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.