FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washi

ington, D.C. 20549	ſ	

OMB APPRO	OVAL
OMB Number:	3235-0287
Estimated average burd	en
hours per response:	0.5
	OMB Number: Estimated average burd

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					<u> </u>		000()		investment			0. 20 .0					
1. Name and Address of Reporting Person* LUSTIG MATTHEW J								er or Tradir ERTIES				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>LU311</u>	<u>G MAI I</u>	IIEVV J			I^{-}							-		X Director	or	10% O	vner
(Last) (First) (Middle)						Date o	f Earliest	Trans	action (Mor	ıth/Da	ay/Year)	_	Officer below)	(give title	Other (below)	specify	
C/O LAZARD FRERES REAL ESTATE INVESTORS					09/	/30/2	011										
30 ROCKEFELLER PLAZA				4. 1	f Ame	ndment, [Date o	f Original F	iled (Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form f	led by One Re	eporting Perso	n
NEW YORK NY 10020												Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)														
		Tab	le I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quired, C	isp	osed o	f, or Be	neficia	ly Owned	l .		
1. Title of Security (Instr. 3) 2. Trans Date (Month/				Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (A) o ed Of (D) (Instr. 3, 4		Benefici Owned F	es Formially (D) (Following (I) (I	Ownership orm: Direct o) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code V Amount (A) or (D)				Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
		٦	Γable II -						uired, Di					Owned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares				
Phantom Stock Units	(1)	09/30/2011			A		202.02		(2)		(2)	Common Stock	202.02	\$89.1	546.02 ⁽³⁾	D	

Explanation of Responses:

- 1. The Phantom Stock Units convert to Common Stock on a 1-for-1 basis.
- 2. The Phantom Stock Units are awarded under the Second Amendment and Restatement of the Boston Properties, Inc. 1997 Stock Option and Incentive Plan to non-employee directors who elected to receive Phantom Stock Units in lieu of director cash compensation fees. The Phantom Stock Units are to be settled in shares of Common Stock (except that fractional units, if any, will be settled in cash) upon the Reporting Person's retirement from the Boston Properties, Inc. Board of Directors.
- 3. Includes Phantom Stock Units received pursuant to dividend equivalent rights which were credited to the Reporting Person when and as dividends were paid on Boston Properties, Inc. Common Stock.

Remarks:

/s/ Kelli A. DiLuglio, as 10/03/2011 Attorney-in-Fact

** 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 Number.