FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* POWERS JOHN FRANCIS (Last) (First) (Middle) BOSTON PROPERTIES, INC.						Issuer Name and Ticker or Trading Symbol BOSTON PROPERTIES INC [BXP] Jate of Earliest Transaction (Month/Day/Year) 02/01/2019									Relationship of Reporting Person(s) to Issuer heck all applicable) Director 10% Owner Modificer (give title below) Executive Vice President				vner
599 LEXINGTON AVENUE (Street) NEW YORK NY 10022					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(City)	(S	tate) ((Zip)			Form filed by More than One Reporting Person											rting		
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	quired,	Disp	osed o	of, or Be	enef	ficiall	y Owned	k			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Da			Code (Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3,			5. Amou Securition Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or 1	Price	Transac (Instr. 3	ction(s)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
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. Transactic Code (Ins		on of		6. Date Ex Expiration (Month/Da	Date	Amount of		of s ig e Sec	urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	٧	(A)		Date Exercisab		xpiration ate	Title	or Nur of	mber ares					
LTIP Units ⁽¹⁾	(1)	02/01/2019			A		3,964		(1)(2)		(1)	Common Stock, par value \$0.01	3,9	964	\$0.25	24,019)	D	

Explanation of Responses:

1. Represents units of limited partnership interest in Boston Properties Limited Partnership ("BPLP"), of which the Issuer is the general partner, issued as long term incentive compensation ("LTIP Units") pursuant to the Issuer's equity based incentive programs. Conditioned upon minimum allocations to the capital accounts of the LTIP Units for federal income tax purposes, each LTIP Unit may be converted, at the election of the holder, into a common unit of limited partnership interest in BPLP ("Common OP Unit"). Each Common OP Unit acquired upon conversion of an LTIP Unit may be presented for redemption, at the election of the holder, for cash equal to the then fair market value of a share of the Issuer's Common Stock, except that the Issuer may, at its election, acquire each Common OP Unit so presented for one share of Common Stock. LTIP Units have no expiration date.

2. The 3,964 LTIP Units were fully vested upon issuance as a result of the Reporting Person's attainment of age 65.

Remarks:

/s/ Kelli A. DiLuglio, as 02/05/2019 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.