FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Vashington,	D.C.	20549	

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l	OMB APPROVAL									
OMB Number: 3235-0										
l	Estimated average burden									
l	hours per response:	0.5								

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

LTIP Units ⁽¹⁾	(1)	01/31/2014			A		12,365		(1)(2)	(1)	Common Stock	12,365	\$0.25	67,576	D	
				c	Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/Y	Date, T	ransaction code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		-	Table II - I (uired, Dis , options,				Owned			
							Code V	Amount	(A) o (D)	Price	Reported Transact (Instr. 3 a	ion(s)	(Instr. 4)		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date		Date,	Code (Instr. 5)			Beneficia Owned F	ties For cially (D) Following (I) (I	n: Direct cor Indirect Enstr. 4)	. Nature of Indirect Beneficial Ownership			
		-	ole I - Non	-Deriva	ative	e Se	curities	s Ac	quired, D	sposed	of, or Be	neficial	ly Owned	<u> </u>		
(City)		State)	(Zip)	,									Persor		ar One Repor	
(Street) WASHIN	NGTON 1	OC	20037											led by One Repled by More that	•	
2200 PENNSYLVANIA AVENUE, NW				4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)				
		OPERTIES, INC. ANIA AVENUE.	NW													
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							below) below) Executive Vice President				
													Officer	(give title	Other (s	
1. Name and Address of Reporting Person* RITCHEY RAYMOND A					2. Issuer Name and Ticker or Trading Symbol BOSTON PROPERTIES INC [BXP]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				

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 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 12,365 LTIP Units are fully vested upon grant as a result of the Reporting Person's attainment of age 62 with 20 years of service.

Remarks:

/s/ Kelli A. DiLuglio, Attorney-02/03/2014 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.