FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEF | ICIAL O | WNERSH | IΡ |
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| OMB APPROVAL | | | | | | | |
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| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

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 * LANDIS ALAN B | | | | | 2. Issuer Name and Ticker or Trading Symbol BOSTON PROPERTIES INC [BXP] | | | | | | | | (Ch | elationship eck all appli X Directo | , | g Per | 10% O | wner | |
|--|--|--|---|---|--|---|-------|--------------|--|---------------|------------------|-----------------|----------------------|---|--|--|--|--|--|
| (Last) (First) (Middle) C/O THE LANDIS GROUP | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/30/2003 | | | | | | | | | Officer below) | (give title | | Other (below) | specify | | |
| 745 FIFTH AVENUE (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| NEW YORK NY 10151 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Da | | Date. | Code (Instr. | | | | | Benefic | ies Form ially (D) Following (I) (I | | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | | |
| | 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 D if any (Month/Day | Date, | Transaction Code (Instr. | | of | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form Direct or Ind (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | or | ount mber ares | | | | | |
| Dividend Equivalent Rights | (1) | 07/30/2003 | | | A | | 82.21 | | (1) | | (1) | Common Stock | 82 | 2.21 | \$0 | 82.21 | | D | |

Explanation of Responses:

1. Acquired as quarterly dividends on July 30, 2003. The rights were granted as a component of the Phantom Stock Units that were awarded under 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 compensation fees. The rights are to be settled in shares of Common Stock upon Mr. Landis' retirement from the Boston Properties Board of Directors.

Remarks:

Kelli A. DiLuglio, as Attorneyin-Fact 07/30/2003

** 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.