FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Sect	ion 30(h) of the	Inves	stment	t Com	pany Act	of 19	940						
Name and Address of Reporting Person* KLEDN LOCK					2. Issuer Name and Ticker or Trading Symbol BOSTON PROPERTIES LTD								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KLEIN JOEL				PARTNERSHIP [N/A]							X Directo	or		10% O	wner			
-														Officer below)	(give title		Other (s	specify
(Last) (First) (Middle) OSCAR HEALTH				3. Date of Earliest Transaction (Month/Day/Year) 05/24/2016						below)			below)					
295 LAFAYETTE STREET, 6TH FLOOR										_				_				
				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) NEW YO	DDV N	ΙΥ	10012								X Form filed by One Reporting Person							
MEW IC	JKK IN	1	10012									Form filed by More than One Reporting Person						
(City)	(8	State)	(Zip)															
		Tab	le I - Non-	-Deriva	ative Se	curities Ac	quir	red,	Disp	osed o	of, o	r Bene	ficial	ly Owned	k			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Execution Date,			Transaction Disposed Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3, 4			Benefici Owned I	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Code		v	Amount	t (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		1				urities Acq ls, warrants								Owned				
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/	ate, T	Transaction of Ex Code (Instr. Derivative (M		Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5) Reported Following Reported Transactic (Instr. 4)		ly C	0. Ownership form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

(1)

1. Issued pursuant to Boston Properties, Inc.'s ("BPI"), the Issuer's general partner, 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 the Issuer ("Common OP Unit"). Each Common OP Unit acquired upon conversion of an LTIP Unit may be redeemed, at the election of the holder, for cash equal to the then fair market value of a share of common stock of BPI except that BPI may, at its election, acquire each Common OP Unit so presented for redemption for one share of common stock of BPI. LTIP Units have no expiration date.

Date Exercisable

(1)(2)

Expiration Date

Title

Common OP Units

and 5)

(A)

1,013

(D)

2. The 1,013 LTIP Units will vest on the earlier of (i) May 24, 2017 and (ii) the date of Boston Properties, Inc.'s 2017 annual meeting of stockholders.

Code

Remarks:

LTIP

Units(1)

/s/ Kelli A. DiLuglio, as 05/26/2016 Attorney-in-Fact

\$0.25

3,113

D

** Signature of Reporting Person Date

Amount Number

Shares

1,013

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).

05/24/2016

** 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.