FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

| | Check this box if no longer subjec |
|--------|------------------------------------|
| \neg | to Section 16. Form 4 or Form 5 |
| _ | obligations may continue. See |
| | Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Name and Address of Reporting Person* Hoskins Diane J | | | | | 2. Issuer Name and Ticker or Trading Symbol BOSTON PROPERTIES INC [BXP] | | | | | | | | | ck all app | erson(s) to I | | | | |
|---|--|-----------------|---------|--|--|---|---|--|-------------------|---------------------------------------|---|--|-----------------------------------|--|--|----------------------|--|---------------------------------------|---------|
| (Last) | ` | First) (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023 | | | | | | | | | | Office belov | er (give title v) | | Other (: below) | specify |
| 2020 K STREET, NW | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) WASHINGTON DC 20006 | | | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| Check this box to indicate that a transaction was made pursual satisfy the affirmative defense conditions of Rule 10b5-1(c). Se | | | | | | | | | | | | | | | | | | | |
| | | Table | l - Noi | n-Deriva | tive Se | ecur | ities | Acq | uired, I | Disp | osed of | , or I | 3ene | ficial | ly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Executy/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | Transaction Disposed Code (Instr. and 5) | | ties Acquired (d Of (D) (Instr. 3 | | | | cially I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | ount (A) or (D) | | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock, par value \$0.01 05/31/2 | | | | 2023 | | | A | | 3,390 | 1 | A | \$0 | 10 | 0,328 | | D | | | |
| | 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) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | rative rities nired r osed) | 6. Date E. Expiratio (Month/D | n Dat | | | unt of rities rlying ative rity | De Se (In | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amou or Numb of Share | oer | | | | | |

Explanation of Responses:

Remarks:

Kelli A DiLuglio, as Attorneyin-Fact 06/02/2023

** 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.