FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

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l	OMB Number:	3235-0287							
l	Estimated average burden								
ı	hours nor 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

1. Name and Address of Reporting Person* KLEIN JOEL					2. Issuer Name and Ticker or Trading Symbol BOSTON PROPERTIES INC [BXP]							Relationship of eck all applications X	able) r	1	0% Ow	ner	
(Last) (First) (Middle) OSCAR HEALTH CORPORATION					Date 6/30/2		Trans	saction (Month	n/Day/Year)		Officer below)	(give title		ther (s _l elow)	pecify		
295 LAFAYETTE STREET, 6TH FLOOR					If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW YORK NY 10012											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate)	(Zip)														
		Tab	le I - Non-	Derivati	ve Se	curities	s Ac	quired, Di	sposed o	of, or Be	neficial	ly Owned	l				
Date				2. Transacti Date (Month/Day	Execution Date,		3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) (5) (8)				Beneficia	es F ally Following (6. Owners Form: Dire (D) or Indi (I) (Instr. 4	ct c	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V	Amount	(A) or (D) Price		Transaction(s) (Instr. 3 and 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 Da if any (Month/Day/\)	Cod	Transaction of Code (Instr. Derivative (N		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) T. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owr Forr Dire or Ir (I) (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	e V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Phantom Stock Units	(1)	06/30/2017		A		189.91		(2)	(2)	Common Stock, par value \$0.01	189.91	\$123.02	3,623.07 ⁽³	3)	D		

Explanation of Responses:

- 1. The Phantom Stock Units convert to Common Stock on a 1-for-1 basis.
- 2. The Phantom Stock Units are awarded under the Boston Properties, Inc. 2012 Stock Option and Incentive Plan (the "2012 Plan") to non-employee directors who elected to receive Phantom Stock Units in lieu of director cash compensation fees. The Phantom Stock Units are to be settled in shares of Common Stock (except that fractional units, if any, will be settled in cash) upon the Reporting Person's retirement from the Boston Properties, Inc. Board of Directors.
- 3. Includes 20.22 Phantom Stock Units acquired as quarterly dividend equivalent rights on April 28, 2017. The rights were granted as a component of the Phantom Stock Units that were awarded under the Second Amendment and Restatement of the Boston Properties, Inc. 1997 Stock Option and Incentive Plan or, following May 15, 2012, under the 2012 Plan.

Remarks:

/s/ Kelli A. DiLuglio, as 07/05/2017 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.