Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19
or Section 30(h) of the Investment Company Act of 1940

OMB Number: Estimated average burden hours per response: 0.5

Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer					
THOMAS OWEN D						BOSTON PROPERTIES LTD PARTNERSHIP [N/A]									(Check all applicable)						
															X Directo			10% Ov			
(Last) (First) (Middle)															Cofficer below)	(give title		Other (s below)	pecify		
BOSTON PROPERTIES, INC.						3. Date of Earliest Transaction (Month/Day/Year)									Chief Executive Officer of GP						
599 LEXINGTON AVENUE						02/08/2016															
					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)						(Line	ne)						
NEW YORK NY 10022													, , ,								
															Form filed by More than One Reporting Person				ting		
(City)	(S	(State) (Zip)																			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date					th/Day/Year) it		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr. 5)				(A) or . 3, 4 and	Securitie Beneficia	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	Transact	Transaction(s) (Instr. 3 and 4)			(111501. 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. Deeme Execution if any (Month/Day	Date, T	Code (Inst				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)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares							
LTIP	(1)	00/00/0046							(1)(2)		(1)	Com	mon	1.4.000	+0.0=			_			

Explanation of Responses:

(1)

1. Issued as long term incentive compensation 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.

14,996

(1)(2)

2. The 14,996 LTIP Units vest in four equal annual installments beginning on January 15, 2017.

02/08/2016

Remarks:

Units⁽¹⁾

Kelli A. DiLuglio, as Attorneyin-Fact

** Signature of Reporting Person

14,996

\$0.25

69.536

D

OP Units

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.