FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D	.C. 20549
---------------	-----------

STATEMENT	OF	CHANGES	IN I	BENEFICIA	L O	WNERS	HIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per 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

	nd Address on John J	of Reporting Person*			<u>B0</u>	OST(ON PI	ROF	ker or Tradin PERTIES [N/A]			(Ct	neck all applic	cable)	Person(s) to Is 10% O Other (
(Last) 2200 PE	,	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024						helow)		below) President of (, , l		
SUITE 200W				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WASHIN	IGTON I	OC :	20037											iled by More	Reporting Perso		
(City)	(;	State)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication											
									cate that a tra defense cond					on or written p	lan that is intend	ed to	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				Execution		Date,	Code (Ins	Transaction Dispose Code (Instr. 5)		red (A) or str. 3, 4 an	Benefici Owned F	es For ally (D) Following (I) (I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code V	Amou	nt (A) (C)	Price	Reported Transact (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)	Execution if any	xecution Date, any		t. Fransaction Code (Instr. 3)		of E		s. Date Exercisable and Expiration Date Month/Day/Year)		od of s g e Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
LTIP Units	(1)	02/06/2024			A		8,687		(1)(2)	(1)	Common OP Units	8,687	\$0.25	51,355	D		

Explanation of Responses:

1. Represents units of limited partnership in the Issuer issued as long term incentive compensation pursuant to Boston Properties, Inc.'s ("BXP"), the Issuer's general partner, equity based incentive programs ("LTIP Units"). 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 Issuer or 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 BXP's common stock except that BXP may, at its election, acquire each Common OP Unit so presented for redemption for one share of BXP's common stock. LTIP Units have no expiration date.

2. The 8,687 LTIP Units vest 100% on January 15, 2028

Remarks:

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

02/07/2024

** 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.