

BOSTON SCIENTIFIC CORP

Form 4

February 27, 2003

SEC Form 4

FORM 4 [] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940		OMB APPROVAL <div style="text-align: center;">—</div> OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. 0.5			
1. Name and Address of Reporting Person* Fox, Marye Anne <div style="text-align: center;">—</div> (Last) (First) (Middle) One Boston Scientific Place <div style="text-align: center;">—</div> (Street) Natick, MA 01760-1537 <div style="text-align: center;">—</div> (City) (State) (Zip) USA	2. Issuer Name and Ticker or Trading Symbol Boston Scientific Corporation (BSX) <div style="text-align: center;">—</div> 3. I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	4. Statement for (Month/Day/Year) February 25, 2003 <div style="text-align: center;">—</div> 5. If Amendment, Date of Original (Month/Year)	6. Relationship of Reporting Person(s) to Issuer (Check all applicable) <div style="text-align: center;"> <input checked="" type="checkbox"/> Director <div style="text-align: right;">10%</div> <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other Officer/Other Description <div style="text-align: center;">—</div> <div style="text-align: center;">—</div> 7. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Individual Filing <input type="checkbox"/> Joint/Group Filing </div>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px; text-align: center;"> Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned </td> <td style="width: 85%;"></td> </tr> </table>				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned						
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	3. Transaction Code and Voluntary Code (Instr. 8)	4. Securities Acquired (A) or Disposed (D) Of (Instr. 3, 4, and 5)	5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)	6. Ownership Form: Direct(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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		— Code V	— Amount A/D Price			
Common Stock	02/25/2003	P	700 A \$42.4400	3,000	D	
Common Stock				200	I	By Spouse

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).

(over)
SEC 1474
(3-99)

■

**Fox,
Marye
Anne -
February
2003**

**Form 4
(continued)**

**Table II -
Derivative
Securities
Acquired,
Disposed of,
or
Beneficially
Owned
(e.g., puts,
calls,
warrants,
options,
convertible
securities)**

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1. Title of Derivative Security (Instr. 3)	2. Conver- sion or Exercise Price of Deri- vative Security	3. Transaction Date (Month/ Day/ Year)	4. Transaction Code and Voluntary (V) Code (Instr.8) Code V	5. Number of Derivative Securities Acquired (A) or Disposed (D) Of (Instr. 3,4 and 5)	6. Date Exercisable(DE) and Expiration Date(ED) (Month/Day/Year) — (DE) (ED)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr.5)	9. Number of Derivative Securities Beneficially Owned at End of Month (Instr.4)	10. Owner- ship Form of Deriv- ative Security: Direct (D) or Indirect (I)	11.

Explanation of Responses :

** Intentional
misstatements
or omissions
of facts
constitute
Federal
Criminal
Violations.

See 18
U.S.C. 1001
and 15 U.S.C.
78ff(a).

By: /s/ Lawrence J. Knopf,
Attorney-in-fact

02-27-2003
** Signature of Reporting Person
Date

Power of Attorney

Note: File
three copies of
this Form, one
of which must
be manually
signed. If
space is
insufficient,
See
Instruction 6
for procedure.

Page 2
SEC 1474 (3-99)

Potential
persons who
are to respond
to the
collection of
information
contained in
this form are
not
required to
respond unless
the form
displays a
currently valid
OMB number.