

PROMERICA LP
 Form 4
 March 03, 2003
 SEC Form 4

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|---|---|--|
| <p>FORM 4</p> <p>[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).</p> | <p>UNITED STATES SECURITIES AND EXCHANGE COMMISSION</p> <p>Washington, D.C. 20549</p> <p>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP</p> <p>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</p> | <p>OMB APPROVAL</p> <p style="text-align: center;">—</p> <p>OMB Number: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response. 0.5</p> |
|---|---|--|

| | | | |
|--|--|--|---|
| <p>1. Name and Address of Reporting Person*</p> <p>Promerica, LP</p> <p>(Last) (First) (Middle) One Boston Scientific Place</p> <p>(Street) Natick, MA 01760-1537</p> <p>(City) (State) (Zip) USA</p> | <p>2. Issuer Name and Ticker or Trading Symbol</p> <p>Boston Scientific Corporation (BSX)</p> | <p>4. Statement for (Month/Day/Year)</p> <p>February 27, 2003</p> | <p>6. Relationship of Reporting Person(s) to Issuer (Check all applicable)</p> <p>_____ Director _____ <input checked="" type="checkbox"/> 10% _____ Owner _____ Officer _____ Other</p> <p>Officer/Other Description _____</p> <p>7. Individual or Joint/Group Filing (Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Individual Filing _____ Joint/Group Filing</p> |
|--|--|--|---|

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 | 02/27/2003 | J (1) | 2,666,025 D | 49,251,315 | D | |
| | | | | | | |

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)

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**Form 4
(continued)**

**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 | 3. Transaction Date | 4. Transaction | 5. Number of Derivative | 6. Date Exercisable(DE) and Expiration Date(ED) | 7. Title and Amount of Underlying Securities | 8. Price of Derivative Security | 9. Number of Derivative Securities | 10. Ownership | 11. |
|--|------------------------------------|---------------------|----------------|-------------------------|---|--|---------------------------------|------------------------------------|---------------|-----|

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| | Derivative Security | (Month/Day/Year) | Code and Voluntary (V) Code (Instr.8) | Securities Acquired (A) or Disposed (D) Of (Instr. 3,4 and 5) | (Month/Day/Year) | (Instr. 3 and 4) | (Instr.5) | Beneficially Owned at End of Month (Instr.4) | Form of Derivative Security: Direct (D) or Indirect (I) |
|--|---------------------|------------------|---------------------------------------|---|------------------|------------------|-----------|--|---|
| | | | Code I V | | — | (DE) (ED) | | | |

Explanation of Responses :

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

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

03-03-2003

** Signature of Reporting Person
Date

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

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.

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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.

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**Form 4
(continued)**

**FOOTNOTE
Descriptions
for Boston
Scientific
Corporation
(BSX)**

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**Promerica, LP
One Boston
Scientific Place**

**Natick, MA
01760-1537**

**—
Explanation of
responses:**

**(1) Pro rata
distribution for
no consideration
to general and
limited partners.**

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