FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
---------------	-----------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

								, 51 11					- 10									
1. Name and Address of Reporting Person* <u>HANLON SUSAN M</u>																	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 400 WOOD ROAD							of Earli	est Tra	nsaction	(Mon	th/E	ay/Year)		X Officer (give title Other (specify below) VP Finance								
(Street) BRAINTREE MA 02184					- 4. -	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				saction	ction 2A. Deemed Execution Date,			Code (Instr. 5)				cquired	(A) or	5. Amou Securitie Beneficie Owned F	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership				
				10/2	10/23/2012				Cod	_	'	Amount 73 ⁽¹⁾	(D)		Price	Reported Transaction(s) (Instr. 3 and 4) 4 7,372 ⁽²⁾				(Instr. 4)		
Common	Stock	-			uritio	s Ac			==		or F	D	\$78.0 icially	Owned	12(2)		D					
				(e.g., p	puts,	cal	ls, wa	arrant	ts, opt	ions	, C	onverti	ble s	ecuri	ties)							
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,	4. Transactior Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able		xpiration ate	Title	O N	mount r lumber f hares							
Non- Qualified Stock Option (right to buy)	\$26.105								05/05/20	005 ⁽³⁾	0.	5/05/2014	Com		5,000		5,000		D			
Non- Qualified Stock Option (right to buy)	\$ 51.07								10/24/2	008 ⁽³⁾	1	0/24/2014	Com Sto	mon ock	3,569		3,569		D			
Non- Qualified Stock Option (right to buy)	\$ 52.94								10/27/20	010 ⁽³⁾	1	0/27/2016	Com		7,345		7,345		D			
Non- Qualified Stock Option (right to buy)	\$ 54.55								10/22/20	009 ⁽³⁾	1	0/22/2015	Com		3,603		3,603		D			
Non- Qualified Stock Option (right to buy)	\$ 54.99								10/27/2	011 ⁽³⁾	1	0/27/2017	Com	mon ock 1	1,174		11,174	4	D			
Non- Qualified Stock Option (right to	\$61.34								10/25/20	012 ⁽³⁾	1	0/25/2018	Com		0,363		10,363	3	D			

Explanation of Responses:

- 1. Pursuant to a 10b5-1 Plan to cover tax liability for released shares.
- 2. Total includes Restricted Stock Awards and/or Restricted Stock Units that are subject to restrictions until vesting requirements are met. Grant was made under 2005 Long Term Incentive Compensation Plan.
- 3. Grant to reporting person of right to buy shares of common stock exercisable in annual increments of 25 percent beginning on the first anniversary of the date of grant.

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.