FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
vvasnington,	D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL					
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

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1. Name and Address of Reporting Person* Popovsky Mark A																	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 400 WOOD ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/01/2007										X Officer (give title Other (specify below) VP, Corporate Medical Director					
(Street) BRAINTREE MA 02184 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										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																				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	tion 2A. Deemed Execution Date,			e, 3.	Transaction Disposed Of (D) (Instr. 3) or	5. Amour Securitie Beneficia Owned F	nt of es ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								_	ode V	′	Amount	(A) (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 11/0					1/2007					P ⁽¹⁾		253			40.66			D			
		•	Table II -									osed of, converti				Owned					
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/Da	Date,		4. Transaction Code (Instr		5. Number of		te Exerc ation D th/Day/\	ate	ble and	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable		Expiration Date	Title	or Nu of	ımber						
Non- Qualified Stock Option (right to buy)	\$26.105								05/05/	/2005 ⁽³) (05/05/2014	Comm),000		10,000	0	D		
Non- Qualified Stock Option (right to buy)	\$31.66								04/29/	/2003 ⁽³		04/29/2012	Comm		5,000		15,000	0	D		
Non- Qualified Stock Option (right to buy)	\$33.15								04/30/	/2002 ⁽³) (04/30/2011	Comm		,230		11,230)	D		
Non- Qualified Stock Option (right to buy)	\$ 41.15								07/27/	⁷ /2006 ⁽³) (07/27/2015	Comm		7,000		17,000)	D		
Non- Qualified Stock Option (right to buy)	\$51.07								10/24/	/2008 ⁽³) [10/24/2014	Comm		3,451		13,45	l	D		
Non- Qualified Stock Option (right to	\$52.76								05/05/	/2007 ⁽³) (05/05/2013	Comm		1,891		14,89	1	D		

Explanation of Responses:

- 1. Acquisition of shares of Common Stock pursuant to the Employee Stock Purchase Plan. Participant elected to purchase shares at least six months in advance of the effective date of the transaction.
- 2. Total includes Restricted Stock Awards and/or Restricted Stock Units that are subject to restrictions until vesting requirements are met. Grants 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.

<u>Popovsky</u>

** 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.