

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **2004-08-12** | Period of Report: **2004-08-10**

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### REPORTING OWNER

#### **BOSTON SCIENTIFIC CORP**

CIK: **885725** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
Type: **4** | Act: **34** | File No.: **000-24663** | Film No.: **04970457**  
SIC: **3841** Surgical & medical instruments & apparatus

Business Address  
*ONE BOSTON SCIENTIFIC PL  
NATICK MA 01760-1537  
5086508000*

### ISSUER

#### **ASPECT MEDICAL SYSTEMS INC**

CIK: **886235** | IRS No.: **954154357** | State of Incorporation: **DE** | Fiscal Year End: **1231**  
SIC: **3845** Electromedical & electrotherapeutic apparatus

Mailing Address  
*141 NEWTON STREET  
NEWTON MA 02464-1505*

Business Address  
*141 NEEDHAM STREET  
NEWTON MA 02464-1505  
(617) 559-7857*

# FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### OMB APPROVAL

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### 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(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <b>BOSTON SCIENTIFIC CORP</b>			2. Issuer Name and Ticker or Trading Symbol <b>ASPECT MEDICAL SYSTEMS INC</b> [ASPM]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director <input checked="" type="checkbox"/> 10% Owner ____ Officer (give title)      ____ Other (specify below)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/10/2004			6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person ____ Form Filed by More than One Reporting Person		
ONE BOSTON SCIENTIFIC PLACE			4. If Amendment, Date Original Filed(Month/Day/Year)					
(Street) NATICK, MA 017601537								
(City)	(State)	(Zip)						

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	08/10/2004		P		3,800	A	\$14.59	4,634,084	D	
Common Stock	08/10/2004		P		2,335	A	\$14.36	4,636,419	D	
Common Stock	08/10/2004		P		150	A	\$14.4	4,636,569	D	
Common Stock	08/10/2004		P		12,688	A	\$14.75	4,649,257	D	
Common Stock	08/10/2004		P		14,000	A	\$14.7	4,663,257	D	

**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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		(A)	(D)					

## Signatures

/s/ Boston Scientific Corporation.

\*\* Signature of Reporting Person

08/12/2004

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.**