## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	OVAL
OMB Number:	3235-0287
Estimated average I	burden
houre per reenonce	0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(11mt of 1y	pe Response													
				2. Issuer Name and Ticker or Trading Symbol BOSTON BIOMEDICA INC [BBII]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
1311 TR	st) AIL GLEN	(First) N LANE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/02/2003			fficer (give t	itle below)	Other (	specify below)				
(Street)				4. If Amendment, Date Original Filed(Month/Day/Year) 10/06/2003				_X_ For	6. Individual or Joint/Group Filing(Check Applicable Line)  _X_ Form filed by One Reporting Person _ Form filed by More than One Reporting Person					
LUTZ, F		(State)	(Zip)											
(6.	-97	(Suite)						rivative Securities						
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Deemed cution Date,	if Co	de	4. Securities Acqui (A) or Disposed of (Instr. 3, 4 and 5)	(D) Owned Transa	Owned Following Reported Transaction(s)		O F	Ownership of Form:	Beneficial
				(Mo	nth/Day/Ye		Code V	(A) or Amount (D)	(Instr.	(Instr. 3 and 4) Direct (D) or Indirect (I)		r Indirect (		
Reminder:	Report on a s	separate line for each	class of securities t	beneficia	my owned c	irectry	Persor in this	ns who respond form are not rec ently valid OMB	uired to res	spond ui				474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative Secu	rities A	Persor in this a curre	form are not recently valid OMB	uired to rescontrol nun	spond ui nber.				474 (9-02)
1. Title of		3. Transaction	Table I  3A. Deemed Execution Date, if	I - Deriv (e.g., ) 4. Transac Code	vative Secu puts, calls, 5. Nun of Der Securi Acqui or Dis of (D) (Instr.	warranber ivative ties red (A posed	Persor in this a curre a curre to the curre to the curre to the curre to the current to the curr	form are not recently valid OMB of osed of, or Benefic onvertible securitions and ate	uired to rescontrol nun	Amount	nless the f	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table I  3A. Deemed Execution Date, if any	I - Deriv (e.g., ) 4. Transac Code	vative Secu puts, calls, 5. Nu of Der Securi 6) Acqui or Dis of (D)	warranber ivative ties red (A posed	Persor in this a curre Acquired, Disports, options, co 6. Date Exerc Expiration Da (Month/Day/	form are not recently valid OMB of osed of, or Benefic onvertible securitions and ate	cially Owned es) 7. Title and of Underlyic Securities	Amount	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Natur p of Indire Beneficia Ownersh (Instr. 4)

#### **Reporting Owners**

B 4 6 W	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
FRITZSCHE R WAYNE 1311 TRAIL GLEN LANE LUTZ, FL 33549	X				

## **Signatures**

R. Wayne Fritzsche	10/07/2003
**Signature of Reporting Person	Date

## **Explanation of Responses:**

- \* 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).
- (1) These options vest in three equal annual installments commencing 10/02/2004

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

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.