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VERTEX PHARMACEUTICALS INC / MA

Form 4

November 03, 2014

FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION
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OMB APPROVAL

OMB 3235-0287 Number: January 31,

2005

Expires:

Estimated average burden hours per response... 0.5

Check this box if no longer subject to

Section 16.

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Washington, D.C. 20549

Form 5 obligations may continue. See Instruction

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(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Pace Megan E

2. Issuer Name and Ticker or Trading

Symbol

VERTEX PHARMACEUTICALS

INC / MA [VRTX]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

(Last)

(First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year)

10/30/2014

10% Owner Director X_ Officer (give title Other (specify

below) SVP, Corp. Communications

C/O VERTEX **PHARMACEUTICALS**

INCORPORATED, 50 NORTHERN

AVENUE

(City)

(Instr. 3)

Common

Stock

(Street) 4. If Amendment, Date 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

D

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

BOSTON, MA 02210

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

(Zip)

(State)

10/30/2014

anv (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

(1)

5. Amount of Securities Beneficially Owned Following Reported

43,350

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

(A) Transaction(s) or Price Amount (D)

(Instr. 3 and 4) Code V 20,000 \$

0.01

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

A

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercisable and		7. Title and		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber		Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative		e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date		Number		
				C + V	(A) (D)				of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

Pace Megan E C/O VERTEX PHARMACEUTICALS **INCORPORATED** 50 NORTHERN AVENUE BOSTON, MA 02210

SVP, Corp. Communications

Signatures

Kenneth L. Horton, 11/03/2014 Attorney-In-Fact

**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).

Performance-based retention award that will vest if performance objectives are achieved prior to November 15, 2019. The award will vest on October 30, 2017 (or, if later, the day following the earnings release for the third quarter of 2017) if the Company achieves positive

(1) EBITDA for the 12-month period ending September 30, 2017. Between January 1, 2018 and November 15, 2019, if the Company achieves positive EBITDA for a 12-month period ending on a calendar quarter, the award will vest on the day following the applicable earnings release.

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.

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