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VERTEX PHARMACEUTICALS INC / MA

Form 4

December 01, 2014

December 0	1, 2014										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL		
									OMB Number:	3235-0287	
	Check this box								Expires:	January 31, 2005	
subject t Section : Form 4 c	o STATEN 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								Estimated average burden hours per response 0.8	
Form 5 obligations may continue. See Instruction 1(b). 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									ı		
(Print or Type	Responses)										
Silva Paul M Syml			Symbol	r Name and			8	5. Relationship of Reporting Person(s) to Issuer			
		VERTEX PHARMACEUTICALS INC / MA [VRTX]					(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)					Director 10% Owner Selective Other (specify below)			
C/O VERT	11/28/2	014				below) below) SVP & Corp Controller					
	CEUTICALS RATED, 50 NOR	THERN									
(Street) 4. If Ame				endment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Months) BOSTON, MA 02210				nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)	Tabl	le I - Non-I	Derivative	Secui	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securitor(A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
G				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	11/28/2014			M	4,297	A	\$ 83.36	21,297	D		
Common Stock	11/28/2014			M	3,867	A	\$ 77.31	25,164	D		
Common Stock	11/28/2014			S <u>(1)</u>	8,164	D	\$ 119.85	17,000	D		
Common Stock								169	I	401(k)	

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

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 control number.

SEC 1474 (9-02)

> 8. I De Sec (In

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. 5. Number Transaction Derivativ Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exer Expiration D (Month/Day)	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 83.36	11/28/2014		M	4,297	(2)	07/29/2023	Common Stock	4,297
Stock Option (right to buy)	\$ 77.31	11/28/2014		M	3,867	(3)	02/04/2024	Common Stock	3,867

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Silva Paul M C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210

SVP & Corp Controller

Signatures

Omar White, Attorney-In-Fact

**Signature of Reporting Person Date

Reporting Owners 2

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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) Transaction made pursuant to Mr. Silva's company approved trading plan under Rule 10b5-1.
- (2) The option vests in 16 quarterly installments from 07/30/2013.
- (3) The option vests in 16 quarterly installments from 02/05/2014.

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.