#### Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

VERTEX PHARMACEUTICALS INC / MA Form 4 February 05, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction 1(b). (Print or Type Responses) 1. Name and Address of Reporting Person \* 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Arbuckle Stuart A Issuer Symbol VERTEX PHARMACEUTICALS (Check all applicable) INC / MA [VRTX] (Last) (First) (Middle) 3. Date of Earliest Transaction Director 10% Owner X\_Officer (give title Other (specify (Month/Day/Year) below) below) C/O VERTEX 02/03/2015 EVP\Chief Commercial Officer PHARMACEUTICALS **INCORPORATED, 50 NORTHERN AVENUE** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) \_X\_ Form filed by One Reporting Person Form filed by More than One Reporting BOSTON, MA 02210 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. Ownership 7. Nature of Transaction(A) or Disposed of (D) Form: Direct Indirect Security (Month/Day/Year) Execution Date, if Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially (D) or Beneficial anv (Month/Day/Year) (Instr. 8) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s) or (Instr. 3 and 4) Price Code V Amount (D) Common 20,700 \$ 02/03/2015 A A 138,270 D (1) 0.01 Stock Common 140 Ι 401(k) Stock

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

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#### number.

# 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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	tive Expiration Date (Month/Day/Year) ed (A) posed of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 E S (1
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 109.14	02/03/2015		А	68,000	(2)	02/02/2025	Common Stock	68,000	

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>		Relationships				
		Director	10% Owner	Officer	Other	
Arbuckle Stuart A C/O VERTEX PHARMACEUTIC. INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210	ALS			EVP\Chief Commercial Officer		
Signatures						
Omar White, Attorney-In-Fact	02/05/2015					

\*\*Signature of Reporting Person

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Date

\*\* 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 restricted stock award that will vest as to (i) 50% of the shares on the earlier to occur of (a) the attainment of a specified level of net product sales in the United States of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the answer of the united states of a specified level of a specified level of the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the answer of the united states of a specified level of the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the united states over four calendar quarters and (b) the united states over four calendar quarters and (b) the united states over four calendar quarters and (b) the united states over four calendar quarters and (b) the united states over four calendar quarters and (b

- (1) the announcement of the results of a clinical trial establishing proof-of-concept for a next generation CFTR corrector and (ii) 50% of the shares on the earlier to occur of (a) the attainment of a specified level of net product sales outside of the United States of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the announcement of the results from a successful pivotal clinical trial for a non-cystic fibrosis drug candidate sufficient to support the filing of an NDA.
- (2) The option vests in 16 quarterly installments from 02/03/2015.

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.