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VERTEX P Form 4 July 15, 201	HARMACEUTI 5	CALS INC	C/MA								
FORM									OMB AF	PROVAL	
FURI	UNITED) STATES			AND EX		NGE C	OMMISSION	OMB Number:	3235-0287	
Check this box					_,				Expires:	January 31, 2005	
if no lon subject t Section Form 4 o	o SIAIE 16. pr	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section 17	(a) of the	Public U	tility Ho		mpan	y Act of	Act of 1934, 1935 or Sectior)	1		
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Silva Paul M			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)		_	Transaction			Director 10% Owner			
C/O VERT PHARMAG			(Month/I 07/13/2	Day/Year)	Transaction	L		X Officer (give below)		er (specify	
(Street) 4. If A				Aonth/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			
(City)	(State)	(Zip)	Tabl	La T. Norr	Dariation	C		Person	an Dan afiai all	ha Qaara ad	
1.Title of Security (Instr. 3)	Title of2. Transaction Date2A. DeemedSecurity(Month/Day/Year)Execution Date			3.	4. Secur ior(A) or D (Instr. 3.	ities A vispose	cquired d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	or Beneficially Owned 6. 7. Nature of Ownership Indirect Form: Direct Beneficial (D) or Ownership Indirect (I) (Instr. 4) (Instr. 4)		
a				Code V	/ Amount		Price	(Instr. 3 and 4)			
Common Stock	07/13/2015			М	1,125	А	\$ 51.75	19,500	D		
Common Stock	07/13/2015			S <u>(1)</u>	1,025	D	\$ 123.72 (2) (3)	18,475	D		
Common Stock	07/13/2015			S <u>(1)</u>	100	D	\$ 124.48	18,375	D		
Common								169	I	401(k)	

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Stock

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.

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 on f 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 Underlying Securities (Instr. 3 and 4)		8. H Der Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 51.75	07/13/2015		М	1,125	<u>(4)</u>	07/12/2021	Common Stock	1,125	

Reporting Owners

Reporting Owner Name	Reporting Owner Name / Address		Relationships					
			10% Owner	Officer	Other			
Silva Paul M C/O VERTEX PHARMACEUTICA 50 NORTHERN AVENUE BOSTON, MA 02210	LS INCORPORATED			SVP & Corp Controller				
Signatures								
Omar White, Attorney-In-Fact	07/15/2015							

<u>**</u>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) Transaction made pursuant to Mr. Silva's company approved trading plan under Rule 10b5-1.

(2) Open market sales reported on this line occurred at a weighted average price of \$123.72 (range \$123.30 to \$124.13).

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- (3) Mr. Silva undertakes to provide (upon request by the SEC staff, the issuer or a security holder of the issuer) full information regarding the number of shares sold at each separate price.
- (4) Fully vested.

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.