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VERTEX PHARMACEUTICALS INC / MA Form 4 September 09, 2015

September 0	9, 2015											
FORM	4 UNITED	STATES	SECUR	RITIE	S A	ND EX	СНА	NGE CO	OMMISSION	OMB AP OMB	PROVAL	
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	ger 6. 7 Filed pur ns 5 Section 17(suant to S (a) of the l	F CHAN Section 1 Public Ut	GES SEC 6(a) or tility F	IN I UR f the Hole	EITIES e Securit ding Cor	ICIA ties E	Exchange	ERSHIP OF Act of 1934, 1935 or Section	Number: Expires: Estimated a burden hour response		
(Print or Type I	Responses)											
Arbuckle Stuart A S									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Mor									Director 10% Owner X Officer (give title Other (specify below) below) EVP\Chief Commercial Officer			
				led(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 Person			
(City)	(State)	(Zip)	Tabl	e I - No	on-D	Derivative	Secur		ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any		Code (Instr.	8)	4. Securin (A) or Di (Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	09/04/2015			М		9,063	А	\$ 53.74	136,578	D		
Common Stock	09/04/2015			S <u>(1)</u>		400	D	\$ 124.43 (2) (3)	136,178	D		
Common Stock	09/04/2015			S <u>(1)</u>		5,200	D	\$ 125.42 (2) (4)	130,978	D		

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Common Stock	09/04/2015	S <u>(1)</u>	3,463	D	\$ 126.44 (2) (5)	127,515	D	
Common Stock						140	I	401(k)

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. 5. Number Transaction Derivative Code Securities (Instr. 8) 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 (Int
				Code V		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (right to buy)	\$ 53.74	09/04/2015		М	9,063	(6)	09/03/2022	Common Stock	9,063	

Reporting Owners

Reporting Owner Name / AddressRelationshipsDirector10% OwnerOfficerOtherArbuckle Stuart A
C/O VERTEX PHARMACEUTICALS
INCORPORATED
50 NORTHERN AVENUE
BOSTON, MA 02210EVP\Chief Commercial
OfficerEVP\Chief Commercial
OfficerSignatures
Omar White,
DOWN Mite,
DOWN Mite,
DO

Omar White,	09/09/201		
Attorney-In-Fact	09/09/201		
<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. Arbuckle's company approved trading plan under Rule 10b5-1.
- (2) Mr. Arbuckle 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.
- (3) Open market sales reported on this line occurred at a weighted average price of \$124.43 (range \$123.98 to \$124.85).
- (4) Open market sales reported on this line occurred at a weighted average price of \$125.42 (range \$124.99 to \$125.98).
- (5) Open market sales reported on this line occurred at a weighted average price of \$126.44 (range \$126.00 to \$126.92).
- (6) The option vests in 16 quarterly installments from 09/04/2012.

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.