ALTSHULER DAVID

Form 4

August 06, 2018

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB 3235-0287 Number:

burden hours per

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005 Estimated average

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

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

response...

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * **ALTSHULER DAVID**

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol

(Middle)

VERTEX PHARMACEUTICALS INC / MA [VRTX]

(Check all applicable)

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

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

08/02/2018

below) EVP, Global Research and CSO

C/O VERTEX **PHARMACEUTICALS INCORPORATED, 50 NORTHERN AVENUE**

(Street)

08/03/2018

Stock

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

D

Filed(Month/Day/Year)

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

\$ 174.2 39,113

 $S^{(1)}$

BOSTON, MA 02210

(City)	ired, Disposed of,	of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio 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	08/02/2018		M	1,796	A	\$ 91.05	40,909	D	
Common Stock	08/02/2018		S <u>(1)</u>	1,796	D	\$ 174.59	39,113	D	
Common Stock	08/03/2018		M	2,330	A	\$ 86.52	41,443	D	
Common	00/02/2010		c (1)	2 220	D	¢ 174 2	20.112	D	

2,330 D

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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. Transactic Code (Instr. 8)	5. Number conf Derivative Securities 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)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 91.05	08/02/2018		M	1,796	<u>(2)</u>	02/01/2026	Common Stock	1,796	
Stock Option (Right to Buy)	\$ 86.52	08/03/2018		M	2,330	(3)	02/02/2027	Common Stock	2,330	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

ALTSHULER DAVID C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210

EVP, Global Research and CSO

Signatures

/s/ Stephen Migausky, Attorney-in-Fact 08/06/2018

**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 Dr. Altshuler's company-approved trading plan under Rule 10b5-1.
- (2) The option vests in 16 quarterly installments from 2/2/2016.
- (3) The option vests in 16 quarterly installments from 2/3/2017.

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.