### Edgar Filing: Parini Michael - Form 4

Parini Micha	el										
Form 4	2010										
October 16, 2	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									B APPROVAL		
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>D</b> .C. <b>2</b> 0	012				January 31	
if no long		EMENT O	F CHAN	GES IN	BENEF	ICIA		NERSHIP OF	Expires: 20		
subject to				SECUR	ITIES				Estimated average burden hours per		
Form 4 o	r								response 0.		
Form 5 obligation	• · · · ·						-	e Act of 1934,			
may cont				•	•	· ·	•	1935 or Section	n		
See Instru		30(h)	of the In	vestment	Compar	y Ac	t of 194	-0			
1(b).											
(Print or Type F	Responses)										
(											
1. Name and Address of Reporting Person *2. IssueParini MichaelSymbol			2. Issuer	r Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to			
			Symbol					Issuer			
				EX PHARMACEUTICALS				(Check all applicable)			
		INC / M	IA [VRTX	<b>X</b> ]			(Check an applicable)				
(Last) (First) (Middle) 3. Date of			Earliest Transaction				Director 10% Owner				
(Month/D			-				XOfficer (give titleOther (specify below)				
50 NORTH	ERN AVENUI	E	10/12/2	018				· · · · · · · · · · · · · · · · · · ·	/P, CL&AO		
(Street) 4. If			4. If Ame	If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(Mon				nth/Day/Year	)			Applicable Line)			
DOCTON	14 02210							_X_ Form filed by C Form filed by M			
BOSTON, N	MA 02210							Person		1 8	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction D	Date 2A. Deer	med	3.	4. Securi			5. Amount of	6. Ownership		
Security	(Month/Day/Yea		n Date, if Transaction(A) or Disposed of (D)					Securities	Form: Direct		
(Instr. 3) an			Code (Instr. 3, 4 and 5) /Day/Year) (Instr. 8)					-	(D) or Indirect (I)	Beneficial Ownership	
		(						Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
				~		or		(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price ¢	````			
Common Stock	10/12/2018			М	2,125	А	\$ 90.29	41,734	D		
Common	10/12/2018			<b>S</b> (1)	2,125	D	\$	39,609	D		
Stock							177.2				

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.

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# 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. Transacti Code (Instr. 8)	5. Number tooof 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. H Der Sec (In:
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 90.29	10/12/2018		М		2,125	(2)	07/11/2026	Common Stock	2,125	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships							
	Director	10% Owner	Officer	Other				
Parini Michael 50 NORTHERN AVENUE BOSTON, MA 02210			EVP, CL&AO					
Signatures								
/s/ Stephen Migausky, Attorney-in-Fact		10/16/2	018					

\*\*Signature of Reporting Person

## **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).

Date

(1) Transaction made pursuant to Mr. Parini's company-approved trading plan under Rule 10b5-1.

(2) The option vests in 16 quarterly installments from 7/12/2016.

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.