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VERTEX PHARMACEUTICALS INC / MA

Form 4

Common

Common

Stock

Stock

11/01/2006

November 02, 2006

FORM	ORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	CIVITE	Washington, D.C. 20549								3235-0287	
	Check this box if no longer subject to Section 16. Form 4 or Form 5						Expires:	January 31, 2005			
subject Section							Estimated a burden hou response	average			
obligati may cor	obligations may continue. See Instruction obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940								on		
Print or Type	Responses)										
1. Name and Address of Reporting Person * POWER JOHANNA MESSINA			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
				X PHARI IA [VRT]		TICA	LS	(Chec	ck all applicable)	
(Last)	(First)	(Middle)	(Month/D	•	ansaction			DirectorX_ Officer (give below)		Owner er (specify	
C/O VERT			11/01/2	006				· · · · · · · · · · · · · · · · · · ·	% Controller		
	CEUTICALS RATED, 130 W	AVERI V									
STREET	101122, 130 11	TIVERET									
				. If Amendment, Date Original iled(Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRIE	OGE, MA 02139)						Form filed by Person	More than One Re	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative (Securit	ties Acq	uired, Disposed o	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		2. Transaction Date 2A. Deem (Month/Day/Year) Execution any (Month/Day/Year)			Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) y/Year) (Instr. 8) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	(D)	Price				

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

S⁽¹⁾

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

\$ 40.31

5,597

2,878

D

I

D

300

401(k)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	Number Expiration Date		Amou	nt of	Derivative	Deriv	
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	2		Securi	ities	(Instr. 5)	Bene
		Derivative			Securities				(Instr.	3 and 4)		Owne
		Security				Acquired						Follo
						(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
										Amount		
							Date Expiration Exercisable Date	Expiration		or Number		
									of			
					Code V	(A) (D)				Shares		
					Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

POWER JOHANNA MESSINA C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET CAMBRIDGE, MA 02139

VP & Controller

Signatures

Kenneth S. Boger, Attorney-In-Fact

**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 Ms. Messina-Power's company approved trading plan established under Rule 10b5-1.

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.

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