### Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

#### VERTEX PHARMACEUTICALS INC / MA

Form 4

November 19, 2007 FORM A

I Onivi 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB Number:	3235-0287
Check this box if no longer	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Expires:	January 31, 2005
subject to Section 16. Form 4 or	CECUDITIES	Estimated avenues burden hours response	
Form 5	Filed pursuant to Section 16(a) of the Securities Eychange Act of 1024	•	

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 may continue. 30(h) of the Investment Company Act of 1940 See Instruction

2. Issuer Name and Ticker or Trading

VERTEX PHARMACEUTICALS

Symbol

INC / MA [VRTX]

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

POWER JOHANNA MESSINA

obligations

	INC / MA [VKIA]											
	(First) EX CEUTICALS RATED, 130 V	3. Date of Earliest Transaction (Month/Day/Year) 11/16/2007					Director 10% OwnerX_ Officer (give title Other (specify below) VP & Controller					
	(Street)		4. If Ame	ndment, D	ate Origina	ıl		6. Individual or Joint/Group Filing(Check				
	GE, MA 0213	Filed(Mor	nth/Day/Yea	r)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Yo	ear) Execution	emed on Date, if Day/Year)	3. Transacti Code (Instr. 8)	4. Securities Acquired etion(A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code V	Amount		Price	(Instr. 3 and 4)				
Common Stock	11/16/2007			S(1)	81	D	\$ 25.83	6,754	D			
Common Stock	11/16/2007			S <u>(1)</u>	28	D	\$ 25.93	6,726	D			
Common Stock	11/16/2007			S(1)	54	D	\$ 25.96	6,672	D			
Common Stock	11/16/2007			S <u>(1)</u>	27	D	\$ 25.97	6,645	D			

**OMB APPROVAL** 

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

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Common Stock	11/16/2007	S <u>(1)</u>	27	D	\$ 26.05	6,618	D	
Common Stock	11/16/2007	S <u>(1)</u>	27	D	\$ 26.12	6,591	D	
Common Stock	11/16/2007	S <u>(1)</u>			\$ 26.19		D	
Common Stock						2,602	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.

SEC 1474

(9-02)

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. Transa Code (Instr.		5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)
				Code	V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

# **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

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

VP & Controller

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

# **Signatures**

Valerie L. Andrews, Attorney-In-Fact

\*\*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 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.