SEC For	rm 4 FORM /	4 U	NITE	D STAI	TES :	SEC	UR	ITIE	S AN	ID E	EXCHAN	IGE	COM	MISSIO	N		
	Washington, D.C. 20549											OMB APPROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See						IT OF CHANGES IN BENEFICIAL OWNERS								RSHIP	Estim	Number: ated average bur per response:	3235-0287 den 0.5
Instruc	pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								f 1934				0.0				
1. Name and Address of Reporting Person <sup>*</sup> Kewalramani Reshma					2. Issuer Name and Ticker or Trading Symbol <u>VERTEX PHARMACEUTICALS INC /</u> <u>MA</u> [ VRTX ]									Check all app	licable)	10% Owr	
(Last) <mark>C/O VE</mark> I	st) (First) (Middle) O VERTEX PHARMACEUTICALS				3. Date of Earliest Transaction (Month/Day/Year) 02/16/2024									X below	N)	President	
	INCORPORATED 50 NORTHERN AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person			
(Street) BOSTO	N M.	02210			Rule 10b5-1(c) Transaction Indication											re than One Re	porting
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Table	I - No	on-Deriva	tive \$	Secu	rities	s Acc	quired	, Dis	posed of	, or B	enefici	ally Own	ed		
1. Title of Security (Instr. 3) Date (Month/Day					Execution Date,					Disposed O	s Acquired (A) or Df (D) (Instr. 3, 4 and		nd Securi Benefi Owned	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) o (D)	r Price	e Reported Transaction(s (Instr. 3 and 4			(Instr. 4)
Common Stock 02/16/2					024	)24			F		9,359	D	\$424	.01 15	52,912	D	
Common Stock 02/20/2					024	)24			F		7,019	D	\$420	.58 14	45,893	D	
		Tal	ole II -								osed of, o convertib				d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/)		ate	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying itive ity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	y Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

## <u>/s/ Christiana Stevenson,</u> <u>Attorney-in-Fact</u>

02/21/2024

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.