Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

					or Se	ction 3	80(h) of th	he In	vestme	nt Cor	npany Act of	1940	)						
1. Name and Address of Reporting Person* Biller Jonathan						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]								(CI	heck all a	chip of Reporting Pe applicable) rector ficer (give title		erson(s) to Is 10% Ov Other (s	ner
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS					3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024									^ bel	below)  EVP and Chief Leg		below)		
INCORPORATED 50 NORTHERN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Lin	ie)	lividual or Joint/Group Filing (Check Applicable			
																m filed by Or		•	
(Street) BOSTON MA 02210																Form filed by More than One Reporting Person			
					Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	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.										nded to				
		Table	I - No	n-Deriva	tive S	Secui	rities A	Acqı	uired,	Dis	osed of	or I	Ben	eficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					Day/Year) Exec		Deemed cution Date, y nth/Day/Year)				Disposed C	es Acquired (A) Of (D) (Instr. 3,			nd Secu Bene Own	nount of rities ficially ed Following	Forn (D) d	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A)	) or )	Price		erted saction(s) : 3 and 4)			(Instr. 4)
Common Stock 02/06/2					2024				A 6,294 <sup>(1)</sup>		4	A	\$0		16,863		D		
Common Stock 02/07/2					2024				A		4,743(2)		A	\$ <mark>0</mark>		21,606		D	
		Tal	ole II -	Derivati (e.g., pu	ve Se ts, ca	curit	ies Ac varran	cqui its, c	red, E optior	)ispo	osed of, o	or Be	enei ecur	ficial ities)	ly Own	ed			
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. Transaction Code (Instr. 8)		5. Numbof of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ive ies ed	6. Date Expirati (Month/	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		f g nstr.	8. Price of Derivative Security (Instr. 5)	tive derivative ty Securitie	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
							Date		Expiration		or	mber							

## **Explanation of Responses:**

1. Represents earned performance shares with respect to a performance stock unit award granted on 02/01/2023 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/06/2024 and the shares will vest in installments beginning on 02/10/2024.

(D)

Date Exercisable

Expiration Date

2. Restricted stock unit award that vests in installments beginning on 02/17/2025.

## Remarks:

/s/ Christiana Stevenson, 02/08/2024 Attorney-in-Fact

\*\* Signature of Reporting Person Date

Shares

Title

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

- \* 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).

Code

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.