| SEC | Form | 4 |
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* <u>SMITH IAN F</u> | | | | VE | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | (Ch | 5. Relationship of Reportin (Check all applicable) Director V Officer (give title | | | on(s) to Issi 10% Ov Other (s | vner | |
|--|----------|--------------------|--|-----------------|--|---|----------|---|---|-----|---|-------|---|--|--|-------------------------------|---|--------|-------------|
| (Last) | (| First) | (Middle) | | | | | | | | | | | | X below | 1) | | below) | poony |
| C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/11/2003 | | | | | | | | SVP & CFO | | | | | | |
| 130 WA | VERLY SI | REEI | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| CAMBR | NIDGE N | ЛА | 02139 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tal | ole I - Noi | n-Deriv | ative | e Se | ecuritie | s Acq | uired, | Dis | posed o | of, o | or Ben | eficial | y Owne | d | | | |
| Date | | | | /Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | 5. Amo Securi Benefi Owneo Report | ies cially Following | Form | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transa | ction(s) and 4) | | | (iiisti: 4) |
| Common | Stock | | | 12/11 | L/2003 | 3 | | | A | | 1,920 | (1) | A | \$0 | | ,920 | D | | |
| Common | Stock | | | | | | | | | | | | | | : | 1,119 I shares 401(k) | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | | ransac Code (Ir | ansaction of Ex ode (Instr. Derivative (M | | . Date Exercisable and Expiration Date Month/Day/Year) | | | of Un De | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price o Derivativ Security (Instr. 5) | | re es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | | | | | | Amount or Number | | | | | |

Date

Exercisable

03/11/2004⁽²⁾

(D)

Expiration Date

12/10/2013

Title

Commor

Stock

Explanation of Responses:

\$9.07

1. Stock grant made under 1996 Stock and Option Plan, vesting in 4 equal annual installments from 12/11/2003.

Right to buy under 1996 Stock and Option Plan, vesting in 4 equal annual installments from 12/11/2003.

Remarks:

Common

Stock

Valerie L. Andrews, Attorney-<u>In-Fact</u> <u>12/15/2003</u>

\$<mark>0</mark>

205,791

D

** Signature of Reporting Person Date

of

Shares

14,400

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).

12/11/2003

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

A

(A)

14,400

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.