FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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>ALTSHULER DAVID</u>					V	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]							(Check all ap		blicable)	g Person(s) to Is 10% C Other		
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2020								Λ	belov				
(Street)			02210			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Sta	ate) (2	Zip)															
1. Title of Security (Instr. 3) 2. Trans			2. Transactio	n 2A. Deemed Execution Date,		, [3. Transaction Code (Instr. 8)					5. Amount Securities Beneficial		ount of rities ricially d Following rted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								'	Code	٧	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			
Common	Stock			02/10/20	20			_	F		13,308	D	\$24	0.95	5	57,002	D	
Common Stock			02/11/20	20				S ⁽¹⁾		1,000	D	\$243.	\$243.36(2)(3)		56,002	D		
Common Stock			02/11/20	/2020				S ⁽¹⁾		3,400	D	\$244.	\$244.89(2)(4)		52,602	D		
Common Stock			02/11/20	02/11/2020				S ⁽¹⁾		5,725	D	\$245.81(2)(5)		2	16,877	D		
Common	Stock			02/11/20	20				S ⁽¹⁾		3,472	D	\$246.	73 ⁽²⁾⁽⁶⁾	4	13,405	D	
Common Stock			02/11/2020					S ⁽¹⁾		2,235	D \$247.73 ⁽²⁾⁽⁷⁾		73(2)(7)	41,170		D		
Common Stock 02/				02/11/20)20				S ⁽¹⁾		1,200	D	\$248	.5(2)(8)	39,970		D	
		Та	ble I								posed of, convertib				vned			
Derivative Conversion Date Exc Security or Exercise (Month/Day/Year) if a			Execu	Deemed 4. cution Date, Tran		action (Instr.	5. Number		6. Date Exe Expiration (Month/Day		rcisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pr Deriv Secu (Inst	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
-xplanation					Code	v	(A) ((D)	Date Exer	cisable	Expiration Date	Title	Amoun or Numbe of Shares					

- 1. Transaction made pursuant to Dr. Altshuler's company approved trading plan under Rule 10b5-1.
- 2. Dr. Altshuler undertakes to provide (upon request by the SEC staff, the issuer or a security holder of the issuer) full information regarding the number of shares sold at each separate price.
- 3. Open market sales reported on this line occurred at a weighted average price of \$243.36 (range \$242.88 to \$243.79).
- 4. Open market sales reported on this line occurred at a weighted average price of \$244.89 (range \$244.28 to \$245.25).
- 5. Open market sales reported on this line occurred at a weighted average price of \$245.81 (range \$245.29 to \$246.24).
- 6. Open market sales reported on this line occurred at a weighted average price of \$246.73 (range \$246.29 to \$247.26).
- 7. Open market sales reported on this line occurred at a weighted average price of \$247.73 (range \$247.36 to \$248.28).
- 8. Open market sales reported on this line occurred at a weighted average price of \$248.50 (range \$248.37 to \$248.82).

Remarks:

/s/ Omar White, Attorney-in-Fact

02/12/2020

** Signature of Reporting Person

Date

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).

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.