FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average I | burden | | | | | | | |

0.5

hours per response:

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* SATO VICKI L | | | | | VI | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|--|--------|-----------|-------------|--------------------------|---|--|------------------|--|------------------|---|----------------------------|----------|---|---|---|---|---|-------------|-------------------|
| (Last) | (| =irst) | (Middle) | | - <u>IVI</u> | <u>Λ</u> [| VKIA | 1 | | | | | | | | Officer below) | | belo | er (specify w) |
| C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/07/2004 | | | | | | | | | President | | | | | |
| 130 WAVERLY STREET | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form fi | iled by One | Reporting P | erson |
| CAMBR | IDGE 1 | ИA | 02139 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | |
| | | | Table I - N | on-Deri | vative | Sec | curitie | es Ac | quired, | Dis | posed o | f, or | Bene | eficia | ılly Oı | wned | l | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | | | d Si Bi | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | | | | |
| | | | | | | | | | Code | v | Amount | (A (C | A) or D) | Price | Tr | ransact nstr. 3 a | tion(s) | | (113.11.4) |
| Common Stock | | | 01/0 | 7/2004 | 2004 | | S ⁽¹⁾ | | 3,800 | | D | \$10 | 0.07 1 | |),717 | D | | | |
| Common Stock | | | | | | | | | | | 7,079 | | I | 401 (k) | | | | | |
| 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 Conversion Date (Month/Day/Year) (Month/Da | | ion Date, | | Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivat Securit (Instr. 5 | tive di ty S 5) B O F | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or | nber | | | | | |

Explanation of Responses:

 $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Sato's\ company\ approved\ trading\ plan\ established\ under\ Rule\ 10b5-1.$

Remarks:

Valerie L. Andrews, Attorney-

01/08/2004

In-Fact

** Signature of Reporting Person

Date

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

- * 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.