FORM 4

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

| | orm 4 or Form 5 | | | | | | | | | | | Estima | ted average burde | en 📗 | |
|--|--|--------------|---|--------|---|---|------------------|---|---------|--|--|---------------|---|---|--|
| obligations ma Instruction 1(b) | ay continue. <i>See</i> o). | Filed | ed pursuant to Section 16(a) of the Securities Exchange Act of 1934 | | | | | | | | hours p | per response: | 0.5 | | |
| | | | | or Sec | tion 30(h) of the Ín | vestmer | nt Com | npany Act of 1 | 940 | | | | | | |
| 1. Name and Address of Reporting Person [*] <u>MCKENZIE DIANA</u> | | | | | er Name and Ticker | | | • | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| | | | | | TEX PHARN | ICALS IN | (Cnec | k all applicable) Director |) | 10% C | wpor | | | | |
| | | | | | VRTX] | | | Officer (give | titlo | | (specify | | | | |
| (Last) | (First) | (Middle) | | | | | | | | | below) | uue | below) | | |
| C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | | of Earliest Transac 2021 | ay/Year) | | | | | | | | | |
| 50 NORTHERN AVENUE | | | | | endment, Date of (| (Month/Day/Ye | 6. Indi Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | | | | | | | | | | X | Form filed b | y One | Reporting Pers | on | |
| BOSTON | MA | 02210 | | | | | | | | | Form filed by More than One Reporting Person | | | orting | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - No | n-Deriva | tive S | ecurities Acq | uired, | Disp | posed of, c | or Bene | ficially | Owned | | | | |
| Date | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Follow Reported | ly | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |
| | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Derivative Expir Code (Instr. Securities (Mon | | | Expiration Da | Expiration Date of Securities (Month/Day/Year) Underlying | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned | 10. Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------|--|--------------------------|----------------|---------------|--|-----------------|---------|---|---|--|--|
| | Security | | | Code | v | of (D) (In 3, 4 and 9 | Instr. 1 5) | | Expiration Date | Amount or | | | Following Reported Transaction(s) (Instr. 4) | (i) (instr. 4) | (|
| Deferred Stock Units | (1) | 10/15/2021 | | A | | 151.041 | | (1) | (1) | Common Stock | 151.041 | \$182.07 | 674.399 | D | |

Explanation of Responses:

1. Each deferred stock unit represents one share of common stock and is paid out in common stock upon the earliest to occur of (i) termination of Ms. McKenzie's service on our board of directors, (ii) a change of control of our company and (iii) Ms. McKenzie's disability or death.

Remarks:

/s/ Sabrina Yohai, Attorney-in-Fact

10/18/2021

** 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.