FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1 | OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
|   | Estimated average 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* SACHS BRUCE I          |   |  |                    |          | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / |         |                              |  |                    | (Che  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |   |                                     |   |   |
|---|---|--|--------------------|----------|--|---------|------------------------------|--|--------------------|---|---|---|-------------------------------------|---|---|
| SACHS BRUCE I   |   |  |                    |          | MA [ VRTX ]  |         |                              |  |                    |   | 2   | Directo   |                                     | 10% Ov  |   |
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED |   |  |                    |          |  |         |                              |  |                    |   |   | Officer below)                                      | (give title                         | Other (s<br>below)  | pecify  |
|   |   |  |                    |          | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2009              |         |                              |  |                    |   |   |   |                                     |   |   |
| 130 WAVERLY STREET  |   |  |                    |          | 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                                    |   |                                     |   |   |
| CAMBRIDGE MA 02139  |   |  |                    |          |  |         |                              |  |                    |   | Form filed by More than One Reporting Person                            |   |                                     |   |   |
| (City)  | (5  | itate)                                     | (Zip)              |          |  |         |                              |  |                    |   |   |   |                                     |   |   |
|   |   | Tal  | ole I - Non-       | -Derivat | ve Se  | curitie | s Ac                         | quired, Di   | sposed o           | f, or Ber   | eficiall  | y Owned   |                                     |   |   |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D        |   |  |                    |          | Execution Date,  |         |                              | Code (Instr. 5)  |                    |   | d (A) or<br>r. 3, 4 and   | 5. Amour<br>Securitie<br>Beneficia<br>Owned F       | es Formally (D) (Following (I) (II) | orm: Direct<br>) or Indirect<br>(Instr. 4)                        | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership |
|   |   |  |                    |          |  |         |                              | Code V   | Amount             | (A) or<br>(D)   | Price   | Reported<br>Transact<br>(Instr. 3 a                 | ion(s)                              |   | (Instr. 4)  |
|   |   |  | Table II - D       |          |  |         |                              | uired, Disp<br>s, options,                                     |                    |   |   | Owned   |                                     |   |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)             | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | te Execution Date, |          | 4.<br>Transaction<br>Code (Instr.<br>8)                                  |         | ve<br>es<br>d<br>ed<br>nstr. | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amou<br>of Securities<br>Underlying<br>Derivative Securi<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |                                     | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4)               |
|   |   |  |                    | Code     | · V  | (A)     | (D)                          | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares                                  |   |                                     |   |   |
| Stock<br>Option   | \$29.89   | 06/01/2009                                 |                    | A        |  | 20,000  |                              | 06/01/2009 <sup>(1)</sup>                                      | 05/31/2019         | Common<br>Stock   | 20,000  | \$0   | 20,000                              | D   |   |

## Explanation of Responses:

1. Right to buy under 2006 Stock and Option Plan. Fully vested.

## Remarks:

Valerie L. Andrews, Attorney-

06/03/2009

In-Fact
\*\* 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.