FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 10. Form 4 or Form 5	

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* BOGER JOSHUA S				V	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) C/O VEF	,	(First) (Middle) EX PHARMACEUTICALS						iest Trar	nsaction	(Mon	th/Day/Year)		Office below)	(give title		her (sp low)	pecify	
INCORPORATED 50 NORTHERN AVENUE				L	07/29/2015								ndividual or	loint/Group	Filing (Che	·k Ann	licable	
(Street) BOSTON MA 02210					_ 4. '	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Line) X Form filed by One Report Form filed by More than 0 Person										Reporting F	erson	
(City)	(Si		(Zip)	VI D							:	D			•			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yell)			tion	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amo Securit Benefic Owned	unt of ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)		"	nstr. 4)	
Common Stock				07/29/2015				M		10,400	A	\$35.64	35	5,684	D			
Common Stock			07/29/2015				S ⁽¹⁾		4,000	D	\$125.71	2)(3) 35	1,684	D				
Common Stock				07/29/2	07/29/2015				S ⁽¹⁾		5,200	D	\$127.18	34	6,484	D		
Common Stock 07/29				07/29/2	.015				S ⁽¹⁾		1,200	D	\$127.72	34	5,284	D		
Common Stock														13	3,286	I	4	01(k)
Common Stock													12	2,700	I	S	Common stock seld in rust	
		7	Table								sposed of, , converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exerc Expiration D (Month/Day/		Date	of Secu Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly Owner Form Direct or Ind (I) (In:	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$35.64	07/29/2015			M			10,400	((5)	02/01/2016	Commo	n 10,400	\$0.00	271,20	0 I)	

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Boger's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Open market sales reported on this line occurred at a weighted average price of \$125.71 (range \$125.43 to \$126.35).
- 3. Dr. Boger 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.
- 4. Open market sales reported on this line occurred at a weighted average price of \$127.18 (range \$126.61 to \$127.53).
- 5. Open market sales reported on this line occurred at a weighted average price of \$127.72 (range \$127.62 to \$127.97).
- 6. Fully vested.

Remarks:

Omar White, Attorney-In-Fact 07/31/2015

** 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.