FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Machinaton	$D \subset$	20540	
Washington,	D.C.	20549	

wasnington,	D.C.	20549	

OMB APPR	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

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		f Reporting Person*	ī					e and Tid			-	,	INC /			tionship o all applic		g Pers	on(s) to Issi	uer
BOGER JOSHUA S							VERTEX PHARMACEUTICALS INC /   MA [ VRTX ]									X Director			10% Ov	vner
(Last)	(F	irst)	(Middle)		X Officer (give title below) Other (spe												specify			
	•	•	` '		3. [	Date o	of Earli	est Trar	nsact	ion (Mo	onth/[	Day/Year)				Chai	rman, Pre	eside	nt & CEO	
C/O VERTEX PHARMACEUTICALS INCORPORATED						/25/2				,		, ,								
130 WAV	ERLY ST	REET				f Amo	andmo	nt Data	of O	riginal	Filod	(Month/Da	w/Voor)	6	Indiv	idual or 1	oint/Croup	Eiling	(Check Apr	alicable
(O: 1)					-   4. '	AIIIC	enume	III, Dale	010	rigiriai	riieu	(IVIOIIII/Da	iy/ rear)		ne)	iuuai 0i J	oirii/Group	Filling	(Check App	Jiicable
(Street) CAMBR	IDCE M	ſΑ	02139												X	Form fil	ed by One	Repo	rting Persor	า
			02133		_											Form fil Person	ed by More	e than	One Repor	ting
(City)	(S	tate)	(Zip)																	
		Tak	ole I - No	n-Deri	vativ	e Se	curit	ties A	cqu	ired,	Dis	posed o	f, or Be	neficia	ılly (	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		е,	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securit Benefic Owned		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code V		Amount (A) or (D)		Price		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock				10/2	25/2005					M		7,100	) A	\$9	.5	995	5,302		D	
Common	Common Stock 10/3			10/2	25/200	5/2005				S <sup>(1)</sup>		7,100	D	\$23	\$23.63		988,202		D	
Common	mon Stock															207	,500			shares in trust <sup>(2)</sup>
Common Stock																10,	920		Ι .	401(k)
			Table II -												y O	wned		ı	<u> </u>	
				(e.g.,	puts,	call	s, wa	arrant	s, o	ption	ıs, c	onvertil	ole secu	urities)						
1. Title of Derivative Security  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Yea			3A. Deeme Execution if any (Month/Da	Date,	Date, Transac		of Deri Sec Acq (A) o Disp of (I	of		oate Exe piration onth/Day	Date	ble and	7. Title ar Amount of Securitie Underlyin Derivativ (Instr. 3 a	of s ng e Security	De Se (Ir	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe			Expiration Date	Title	Amoun or Numbe of Shares	r					
Stock Option	\$9.5	10/25/2005			A			7,100	03/1	14/1996	(3)	12/13/2005	Common Stock	7,100		\$0	1,476,2	11	D	

## **Explanation of Responses:**

- 1. Transaction made pursuant to Dr. Boger's company approved trading plan established under Rule 10b5-1.
- $2. \ Shares \ held \ in \ trust \ for \ Dr. \ Boger's \ children. \ Dr. \ Boger \ disclaims \ beneficial \ ownership \ of \ such \ shares.$
- 3. Right to buy under 1994 Stock and Option Plan, vesting quarterly over 5 years from 12/14/95.

## Remarks:

Valerie L. Andrews, Attorney-

10/26/2005

**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.