FORM 4

## **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
bligations may continue. See
nstruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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

1. Name and Address of Reporting Person*  MUELLER PETER						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]									tionship of Reporting Per all applicable) Director Officer (give title below)		y Perso	rson(s) to Issuer  10% Owner  Other (specify below)	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED							3. Date of Earliest Transaction (Month/Day/Year) 07/14/2010								EVP, Global R&D, CSO				
130 WAVERLY STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMBRIDGE MA 02139														ie) X					
(City)	(?	State)	(Zip)																
		Ta	ıble I - N	on-De	rivati	ive S	Securiti	es Ac	quire	d, Di	sposed of	, or Be	neficia	ly C	Owned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						ear) i	Execution f any	A. Deemed (xecution Date, fany (Month/Day/Year)		ection (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Sec Ben Owr		s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price			ransaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock 07/15/20					5/2010	0			М		1,600	Α	\$10.4	1	120	,834		D	
Common Stock 07/15/20					5/2010	)10		S <sup>(1)</sup>		1,600	D	\$34.24	34.24 <sup>(2)(3)</sup> 1		9,234		D		
Common Stock															4,1	150		I 4	401(k)
			Table II								oosed of, o			/ Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemo Execution if any (Month/Da	Date,	4. Transa Code ( 8)				6. Date Exercis. Expiration Date (Month/Day/Yea		te of Securi ear) Underlyir		rities ing ve Security		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er		(Instr. 4)	on(s)		
Stock Option	\$10.41	07/15/2010			M			1,600	(4	4)	02/02/2015	Commo Stock	<sup>n</sup> 1,600		\$0	23,20	0	D	
Stock	\$33.82	07/14/2010			A		36,250		10/14/2	2010 <sup>(5)</sup>	07/13/2020	Commo		0	\$0	36,250		D	

## **Explanation of Responses:**

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Mueller's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Open market sales reported on this line occurred at a weighted average price of \$34.24 (range \$34.04 to \$34.50).
- 3. Dr. Mueller 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. Fully vested.
- $5. \ Right to buy under 2006 \ Stock \ and \ Option \ Plan, vesting \ in \ 16 \ quarterly \ installments \ from \ 07/14/2010.$

## Remarks:

Andrews, Attorney-

07/16/2010

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.