	D STAT	ES	SEC	-		3 AN gton, D.		-	IGE (510			<u> </u>				
to Section 16. Form 4 or Form 5 obligations may continue. See					IT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												OMB APPROV OMB Number: 32 Estimated average burden hours per response:		
1. Name and Address of Reporting Person [*] Sachdev Amit (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									5. Relationship of Reportir (Check all applicable) Director X Officer (give title below)			10% Ow		wner
	C/O VERTEX PHARMACEUTICALS INCORPORATED				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2023										ΕV	P, Chief I	Patient	Officer	
50 NORTHERN AVENUE (Street) BOSTON MA 02210													 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					on	
(City)	(St	, ,	Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				on 2A. Deemed Execution Date,			3. 4. Securi		4. Securities Disposed O	, s Acquire	d (A) o	r	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	;	Transa	ction(s) 3 and 4)			(Instr. 4)
Common Stock 02/17/2)23			F		3,498	D	\$29	2.85	68,986 882			D I	401(k)		
Common Stock Common Stock															8,861			T	Held in Trust
		Та	ble II -						-	-	osed of, o			-	Dwnee	ł		I	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Dat (Month/Day/Ye		cisable and ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price 0 Derivativ Security (Instr. 5)			ly Direct or In (I) (Ir	0. Dwnership orm: Direct (D) or Indirect I) (Instr. 4)	11. Natur of Indired Beneficia Ownersh (Instr. 4)
						v			Date		Expiration		mouni r lumbei f						

Explanation of Responses:

Remarks:

/s/ Christiana Stevenson,

Attorney-in-Fact

02/22/2023

** 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.