	rm 4 FORM	4 U	NITE	D STAT	ES	SEC					EXCHAN	IGE (СОМ	MISSI	ON			
							W	/ashing	gton, D.	C. 205	549					0	MB APPR	OVAL
to Section 16. Form 4 or Form 5 obligations may continue. See					pursua	Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										Estima	Number: Ited average bu per response:	3235-0287 rden 0.5
1. Name and Address of Reporting Person* <u>LEIDEN JEFFREY M</u>					VE	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]								Check all	applicabl rector	, 10% Ow		Owner
(Last)	(Last) (First) (Middle)													X Officer (give title Other (specify below) below)				
C/O VERTEX PHARMACEUTICALS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021									Exec	cutive	Chairman		
50 NORTHERN AVENUE				4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														ine) X Fo	orm filed	bv One	Reporting Pe	rson
BOSTO	N M.	A 0	2210											F		,	e than One Re	
(City)	(St	ate) (2	Zip)															
		Table	I - No	n-Deriva	tive s	Secu	rities	s Acc	Juired	, Dis	posed of	, or Be	enefic	ially O	vned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				/Year) if any		ition Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			and Securities Beneficial Owned Fo		s Ily ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	1	
1					//Year)	Exect if any	ution D	ate,	Transa Code (Disposed O			nd See Bei Ow	curities neficially ned Follo		Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial Ownership
					//Year)	Exect if any	ution D	ate,	Transa Code (Disposed O			nd See Bei Ow Rej Tra	urities neficially	owing (s)	Form: Direct (D) or Indirect	of Indirect Beneficial
Common	Stock					Exect if any	ution D	ate,	Transa Code (8)	Instr.	Disposed O 5)	f (D) (Ins (A) or	tr. 3, 4 a	nd See Ber Ow Rej Tra (Ins	curities neficially ned Follo ported nsaction(owing (s) 4)	Form: Direct (D) or Indirect	of Indirect Beneficial Ownership
Common				(Month/Day		Exect if any	ution D	ate,	Transa Code (8) Code	Instr.	Disposed O 5) Amount	f (D) (Ins (A) or (D)	tr. 3, 4 a Price	nd See Ber Ow Rej Tra (Ins	curities neficially ned Follo ported nsaction(str. 3 and	owing (s) 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership
		Ta	ble II -	(Month/Day 02/10/2 Derivati	021 ve Se	Exect if any (Mont	ties /	Pate, /Year) Acqu	Transa Code (8) Code F	v Disp	Disposed O 5) Amount 13,954 Osed of, (f (D) (Ins (A) or (D) D or Ber	tr. 3, 4 a Price \$214 eficia	nd Sed Bei Ow Rej Tra (In: 4.16	curities neficially ned Follo ported nsaction(str. 3 and 63,640 440	owing (s) 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
Common	Stock			(Month/Day 02/10/2 Derivati (e.g., pu	021 ve Se its, ca	Exect if any (Mont	ties /	Acquants,	Transa Code (8) Code F ired, l optio	Disp	Disposed O 5) Amount 13,954 Osed of, o convertib	f (D) (Ins (A) or (D) D Or Ber le sec	rr. 3, 4 a Price \$214 eficia	nd Sed Bei Ow Rei Tra (Ins 4.16	curities neticially ned Follo obred nsaction(str. 3 and 63,64(440 ned	owing (s) 4) 5	Form: Direct (D) or Indirect (I) (Instr. 4) D I	of Indirect Beneficial Ownership (Instr. 4) 401(k)
		Ta 3. Transaction Date (Month/Day/Year)	3A. De Execut if any	(Month/Day 02/10/2 Derivati (e.g., pu	021 ve Se	Exect if any (Mont ecurit alls, v	ties / warra 5. Nu of Deriv Secu Acqu (A) o Disp of (D	Acqu Acqu ants, imber vative r osed) ; , 3, 4	Transa Code (8) Code F ired, l optio	Dispons, (Disposed O 5) Amount 13,954 Osed of, o convertib	f (D) (Ins (A) or (D) D or Ber	rr. 3, 4 a Price \$214 Price \$214 and tof ies ring ive y (Instr.	nd Sed Bei Ow Rej Tra (In: 4.16	surities nedicially ned Follo ported nsaction(str. 3 and 63,644 440 ned	owing (s) 4) 5 5 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Form: Direct (D) or Indirect (I) (Instr. 4) D I I Ownersh Form: Direct (D) or Indirect (I) (Instr.	of Indirect Beneficial Ownership (Instr. 4) 401(k) 11. Nature of Indirect Beneficial Ownershi (Instr. 4)

Explanation of Responses:

Remarks:

/s/ Sabrina Yohai, Attorney-in-02/12/2021

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.