FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEFICIAL | . OWNERSHIP |
|-----------|------------|-----------------|-------------|

| OMB APPROVAL | | | | | | | | |
|-------------------|----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | |
| Estimated average | hurdon | | | | | | | |

0.5

hours per response:

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* GARRISON RICHARD C | | | | | VI | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | Check all ap | olicable) | | Ssuer Owner (specify | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|------|-------------------|-------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------|--------------------|------------------|------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------|---------------|----------------------|--|
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2007 | | | | | | | | | X Officer (give title Other (specify below) SVP, Catalyst | | | | | | |
| 130 WAVERLY STREET (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (City) | | |)2139 Zip) | | | | | | | | | | | | Forr Pers | | e than One Re | porting | |
| | | Tabl | e I - Nor | า-Deriv | ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date, | | Code (| Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5) | | | | d Secur Benef | icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A (C | () or () | Price | Trans | action(s) 3 and 4) | | (111501.4) | |
| Common Stock 05/17/2 | | | | 7/2007 | 2007 | | S ⁽¹⁾ | | 632 | | D | \$31 | .95 2 | 21,374 | D | | | | |
| Common Stock | | | | | | | | | 632 | I | 401(k) | | | | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | | Transaction Code (Instr. | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Num of Sha | ber | | | | | |

Explanation of Responses:

1. Transaction made pursuant to Mr. Garrison's company approved trading plan established under Rule 10b5-1.

Remarks:

Valerie L. Andrews, Attorney-

In-Fact

** Signature of Reporting Person

05/21/2007

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.