FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner response | . 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>Arbuckle Stuart A</u> | | | | | VI | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | | all app Direc | o of Reportin licable) tor er (give title | ıg Pei | rson(s) to Is 10% O | wner | |
|---|---|---------|------------|---|---|--|---|------------------|--------------------------|--------------|--|--------------------|------------------------------|---|--|---|--|--|--|---|--|
| (Last) (First) (Middle) . C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2020 | | | | | | | | | | | Chief Con | nme | below) | · | |
| 50 NORTHERN AVENUE | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BOSTO | · · | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (Z | (ip) | | | | | | | | | | | | | | | | | | |
| | | Table | I - I | Non-Deriva | tive | Secui | rities | Acq | uir | ed, C | Disp | osed o | of, or | Benefic | ially | Own | ed | | | | |
| Da | | | | 2. Transaction Date (Month/Day/Ye | Execution | | n Date, | Co | Transaction Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | | 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Со | de | e V A | | ount | (A) or (D) | Price | | Transa | ection(s) 3 and 4) | (IIISI | u. 4) | (111511. 4) | |
| Common Stock | | | 11/16/2020 | 0 | | | | S ⁽¹⁾ | | | 2 | D | D \$222.47 ⁽²⁾⁽³⁾ | | 35,184 | | | D | | | |
| Common Stock | | | 11/16/2020 | 0 | | | | S ⁽¹⁾ | | | 5 | D | D \$224.11 ⁽³⁾⁽⁴⁾ | | 35,179 | | | D | | | |
| Common | Stock | | | | | | | | | | | | | | | | 140 | | I | 401(k) | |
| | | Tak | ole | II - Derivati (e.g., pu | | | | | | | | | | | |)wne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | ecution Date, ny | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration I (Month/Day | | | | | tle and ount of urities erlying vative urity (Instr. d 4) | Deri Sec (Ins | rice of evative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | e V | (A) | (D) | Dat Exe | e ercisab | | Expiration Date | n Title | Amount or Number of Shares | | | | | | | |

Explanation of Responses:

- 1. Transaction made pursuant to Mr. Arbuckle's company approved trading plan under Rule 10b5-1.
- 2. Open market sales reported on this line occurred at a weighted average price of \$222.47 (range \$222.30 to \$222.63).
- 3. Mr. Arbuckle 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. Open market sales reported on this line occurred at a weighted average price of \$224.11 (range \$223.77 to \$224.56).

Remarks:

/s/ Sabrina Yohai, Attorney-in-11/18/2020

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.