Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANG

OMB APPROVAL OMB Number: GES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* SMITH IAN F					$ \mathbf{V} $	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last)	(=	irct)	(Middle)		- -										Officer (give title below)		Other (s below)	specify	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 02/03/2017										EVP, CF	O &	COO		
50 NORTHERN AVENUE				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)	N M	IΑ	02210											Line	X Form f	iled by Mor		orting Person	
(City)	(S	tate)	(Zip)																
		Tab	le I - Noi	n-Deri	vativ	e Se	curities	s Acc	quired,	Dis	posed o	of, or	r Ben	eficial	y Owned	l			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amou Securiti Benefici Owned I Reporte	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	ion(s)			(1130.4)
Common Stock			02/0	/03/2017				A		5,753(1)		A	\$0.0	1 118	118,752		D		
Common	Stock			02/0	3/201	7			A		15,170	(2)	A	\$0.0	0 133	133,922 D		D	
Common	Stock														5,306 I 40			401k	
		-	Table II -								osed of, onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date, Transa Code			of		6. Date Ex Expiration (Month/Da	n Date	•	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s llly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	Code	v	(A)		Date Exercisab		Expiration Date	Title		Amount or Number of Shares					
Stock Option (Right to	\$86.52	02/03/2017			A		31,065		(3)	C	02/02/2027		nmon ock	31,065	\$0.00	31,06	5	D	

Explanation of Responses:

- 1. Represents earned performance shares with respect to a performance stock unit award granted on 2/02/2016 that contained both performance-vesting and service-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/03/2017. The earned performance shares remain subject to the service-vesting requirements and will vest in three equal installments on 2/10/2017, 2/10/2018 and 2/10/2019.
- 2. Restricted stock unit award that vests in three equal installments on 2/10/2018, 2/10/2019 and 2/10/2020.
- 3. The option vests in 16 quarterly installments from 02/03/2017.

Remarks:

Omar White, Attorney-In-Fact 02/07/2017

** 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.