FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
1											

OMB Number:	3235-0287								
Estimated average burden									
hours per respense:	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* ALTSHULER DAVID						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ALISHOLEK DAVID					M	MA [VRTX]									X Director			10% O	wner		
(Last)	(Fi	rst)	(Middle)			,									Officer below)	(give title		Other (below)	specify		
C/O VERTEX PHARMACEUTICALS						3. Date of Earliest Transaction (Month/Day/Year)															
INCORPORATED						09/05/2014															
50 NORTHERN AVENUE																					
5011010	III DIU VIIV	4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)																X Form filed by One Reporting Person					
BOSTO	N M	Δ	02210											1	Form filed by More than One Reporting						
DOSTO	171	11	02210												Perso		e mai	топе керс	irung		
(City)	(S	tate)	(Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transact						tion 2A. Deemed 3. 4. Securities Acquired												vnership	7. Nature		
				Date (Month/I	Day/Ve		Execution Date, if any (Month/Day/Year)		Code (Instr. 5)				3, 4 and	Securiti Benefici				of Indirect Beneficial			
				(Dayric						` "				Owned	Following (i) (Instr. 4)	Ownership		
										Τv	Amount	mount (A) or		Price	Reporte Transac	tion(s)			(Instr. 4)		
									Code	Ľ	Amount	(D))	FIICE	(Instr. 3	and 4)					
Common Stock 09/05/2						2014		M		2,500	0 0	A	\$59.5	5 2,	2,500		D				
Common Stock 09/05/2				5/2014	2014		S ⁽¹⁾		2,500	0 1	D	\$94.7	5	0		D					
		т	able II	Doriva	tivo	Soci	ıritio	c A co	uirod	Dicr	osed of	or Po	nofi	oially	Owned			ļ.			
											converti				Owned						
1. Title of	2.	3. Transaction	3A. Deemo	ed le	4.		5 N	umber	6 Date F	verci	sable and	7. Title	and		8. Price of	9. Number	r of	10.	11. Nature		
Derivative	Conversion	Date (Month/Day/Year)	Execution	Date,	Transa		n of		Expiration Date			Amoun	t of		Derivative	derivative Securities Beneficially	.	Ownership	of Indirect		
Security (Instr. 3)	or Exercise Price of		if any (Month/Da		Code (8)	Code (Instr. 3)		Securities Acquired		ay/Ye	ar)	Securities Underlying			Security (Instr. 5)			Form: Direct (D)	Beneficial Ownership		
,,	Derivative			, , , ,	•								Derivative Secur		,,	Owned Following	´	or Indirect (I) (Instr. 4)	(Instr. 4)		
Security						(A) or Disposed				(Instr. 3 and 4)						Reported	Reported				
						of (D) (Instr. 3, 4										Transaction(s					
					and 5)										(5 4)						
							l i						mount	1							
													or Ni	umber							
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of	nares							
Ctools				-	Code	, v	(^)	(5)	LACICISA		Dute	1100	- 31	14163					+		
Stock Option	\$ 59.55	09/05/2014			M			2,500	(2)		05/31/2022	Commo	on o	.500	\$0.00	12,500	,	D			
(right to buy)	φυσ.υυ	03/03/2014			171			2,300	(-)		03/31/2022	Stock		,,,,,,,,,,	φυ.υυ	12,300	'	ע			

Explanation of Responses:

- 1. Transaction made pursuant to Dr. Altshuler's company approved trading plan under Rule 10b5-1.
- 2. Fully vested.

Remarks:

Kenneth L. Horton, Attorney-**In-Fact**

09/09/2014

** 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.