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 CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours por rosponso: | 0.5 | | | | | | | | |

| Instruc | tion 1(b). | | | Filed | | | | | | | es Exchan npany Act | | | 34 | | Indus | | | 0.0 | l |
|---|---|--|---|------------------------|--|---|----------|--------------|--|--|------------------------|--|---------------|---|---|---|--------|--|--|---|
| 1. Name and Address of Reporting Person* Kelly Lisa | | | | V | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | | |
| (Last) | (F | irst) | (Middle) | | | | | | | | | | | | below) | | below) | | . , | l |
| C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY ST. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/25/2012 | | | | | | | | | S | SVP, Human Resources | | | | | |
| | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) CAMBRIDGE MA 02139 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tak | ole I - Non | -Deriv | ativ | e Se | curities | s Ac | quired, | Dis | posed o | f, or | Ben | eficiall | y Owned | | | | | 1 |
| Date | | | Date | ate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 5. Amour Securitie Beneficia Owned F | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | |
| | | | Table II - I | | | | | | | | osed of, onvertil | | | | 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 E if any (Month/Day | Date, Ti | ransaction code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | | Amount or Number of Shares | | | | | | |
| Employee Stock Option (right to | \$48.74 | 07/25/2012 | | | Α | | 30,500 | | (1) | C | 07/24/2022 | Com | | 30,500 | \$0.00 | 30,500 | | D | | |

Explanation of Responses:

1. The option vests in 16 quarterly installments beginning on 10/25/2012.

Remarks:

Valerie L. Andrews, Attorney-**In-Fact**

07/26/2012

** 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.