FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT	OF CHANGI	ES IN BENEFI	CIAL OWNERSHIP

OIVID AFFINOVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per 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* LEIDEN JEFFREY M				2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									heck X	all app Direc	p of Reporting Pe blicable) ctor er (give title		son(s) to Is 10% Over (see the content of the cont	wner	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS					3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024								X	below) Executive (Chai	below)	opeoy	
INCORPORATED 50 NORTHERN AVENUE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check A Line) X Form filed by One Reporting Pers.						
(Street) BOSTON MA 02210				Form filed by More than One Reporting Person											orting				
(City)	(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - I	Non-Deriva	itive	Secui	rities A	Acqu	uired	l, Di	sposed o	f, or	Benefici	ally	Own	ed			
Date				2. Transaction Date (Month/Day/Ye	ar) l	2A. Deem Execution of any (Month/D	n Date,	3. Transaction Code (Instr. 8)		on D	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Sec Ben Owi		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership
								Cod	de V	A	mount	(A) or (D)	Price			ted action(s) 3 and 4)	(Instr	(Instr. 4)	(Instr. 4)
Common Stock				02/14/202	4			S ⁽¹	1)		4,356	D	\$419.04	.04(2)(3)		22,551		D	
Common Stock				02/15/2024				S ⁽¹	1)		4,655 D \$43		\$419.1	.16 1		17,896		D	
Common Stock														440		440		Ι	401(k)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, ny onth/Day/Year)	4. Transaction Code (Instr. 8) Securities Acquirer (A) or Dispose of (D) (Instr. 3, and 5) Code V (A) (D			ive ies ed	Expira	tion D	xercisable and n Date ay/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
									Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses

- 1. Transaction made pursuant to Dr. Leiden's company approved trading plan under Rule 10b5-1, which was entered into on 08/04/2023.
- 2. Dr. Leiden 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.
- 3. Open market sales reported on this line occurred at a weighted average price of \$419.04 (range \$419.00 to \$419.38).

Remarks:

/s/ Christiana Stevenson, Attorney-in-Fact

** Signature of Reporting Person Date

02/16/2024

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.