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FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Washington, D.C. 20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported.				o tritzi konin					hou	rs per response:	1.0	
X Form 4	Transactions R	eported.	File			ne Securities Excha stment Company Ac						
1. Name and Address of Reporting Person [*] Silva Paul M			2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]					Check all app Direct X Offic	blicable) ctor er (give title	e Otl	% Owner her (specify	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED			3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2014					A below) below) SVP & Corp Controller			,	
50 NORTHERN AVENUE			4. If Amendme	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) BOSTON	I M	A 0	2210						X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Sta	ate) (Z	Zip)									
		Table	e I - Non-Deriv	ative Securi	ties Acquir	ed, Disposed	of, or	Benefici	ally Owne	∋d		
1. Title of Se	curity (Instr. 3		e I - Non-Deriv 2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acqu Of (D) (Instr. 3, 4 a	ired (A)		I 5. Amou Securiti Benefic	unt of es ially	6. Ownership Form: Direct	7. Nature of Indirect Beneficial Ownership
1. Title of Se	curity (Instr. 3		2. Transaction Date	2A. Deemed Execution Date,	3. Transaction Code (Instr.	4. Securities Acqu Of (D) (Instr. 3, 4 a	ired (A)		I 5. Amou Securiti Benefic Owned Issuer's	unt of es ially at end of	Ownership	Indirect
1. Title of Se			2. Transaction Date	2A. Deemed Execution Date, if any	3. Transaction Code (Instr.	4. Securities Acqu Of (D) (Instr. 3, 4 a	iired (A) nd 5) (A) or	or Disposed	I 5. Amou Securiti Benefic Owned Issuer's Year (In 4)	unt of es ially at end of Fiscal	Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficial Ownership
	Stock		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	3. Transaction Code (Instr. 8)	4. Securities Acqu Of (D) (Instr. 3, 4 a Amount	ired (A) nd 5) (A) or (D)	or Disposed	5. Amou Securiti Benefic Owned Issuer's Year (In 4) 17,	unt of es ially at end of Fiscal str. 3 and	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership
Common	Stock)	2. Transaction Date (Month/Day/Year) 05/07/2014 ble II - Derivat	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8) A4	4. Securities Acqu Of (D) (Instr. 3, 4 a Amount	irred (A) nd 5) (A) or (D) A	or Disposed Price \$0.01	I 5. Amoi Securiti Benefic Owned Issuer's Year (In 4) 17, 1	unt of es ially at end of Fiscal str. 3 and 187 ⁽²⁾	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership (Instr. 4)

Date Exercisable

Expiration Date

Explanation of Responses:

1. Restricted stock award that will vest on 05/07/2016.

2. As of 12/31/2014.

Remarks:

Omar White, Attorney-In-Fact 02/13/2015

** Signature of Reporting Person Date

Amount or Number

of Shares

Title

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.

and 5)

(A) (D)