FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| 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).

| | tion 1(b). | ide. dee | | Filed | | | | | | | rities Excha Company Ac | | | | | nours | per res | sponse: | 0.5 |
|---|--|----------|---|--|---|--|-----------------------------|-----|---|--------|--|-----------------------------|---|--|--|---------|--|--|--------|
| 1. Name and Address of Reporting Person* <u>LEIDEN JEFFREY M</u> | | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | | all app Direc | | ng Pers | 10% Ov | vner | |
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/08/2024 | | | | | | | | | X Officer (give title Other (spec below) below) Executive Chairman | | | | | | |
| 50 NORTHERN AVENUE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) BOSTO | ON MA 02210 | | | D., | Dula 40h 5 4/a) Tanna akian la disadisa | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | 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 | tive | Secu | rities | Acq | quir | ed, Di | sposed | of, or | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes | | | 2A. Deem Execution if any (Month/D | | n Date, Tr | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | | d 5) Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | Co | ode | v A | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | (insti | r. 4) | (111511.4) | |
| Common Stock | | | | 01/08/2024 | | | | S | (1) | | 6,648 | D | \$419.07 | 9.07(2)(3) | | 2,423 | | D | |
| Common | Stock | | | | | | | | | | | | | | | 440 | | I | 401(k) |
| | | Tal | ole I | II - Derivati (e.g., pu | | | | | | | posed of convert | | | | wne | t | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any | | cution Date, ny | | action (Instr. | 5. Number of Expiration (Month/L Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) (D) Date (A) (D) Exercisa | | | piration l | (Year) | Amo Sec Und Deri Sec 3 an | Amount of Securities S | | Price of rivative derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | | y G | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

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 \$419.07 (range \$419.00 to \$419.21).

Remarks:

/s/ Christiana Stevenson, 01/10/2024 Attorney-in-Fact

** Signature of Reporting Person

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.