FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

n, D.C. 20549	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).

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*  BOGER JOSHUA S					V	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]								5. Relationship of Reporti (Check all applicable) X Director Officer (give title		cable) or	10% Owner		ner
	•								below)			below)	респу						
50 NOR	ΓHERN AV	ENUE			4. If Amendment, Date of Original Filed (Mont					led (Month/D	ay/Year)		6. Individual or Joint/Group Filing (Check Applicable Line)						
BOSTO	N M	A (	02210		_								Λ	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate) (	(Zip)																
		Tab	le I - N	on-Deriv	vative	Sec	urit	ies Ac	quire	d, D	isposed (	of, or B	enefic	ially	Owned	ı			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date.		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Beneficially Owned Following		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)		1	Instr. 4)
Common	Stock			07/30/2	2014				M		5,200	A	\$11	.27	344	1,095		D	
Common	Stock			07/30/2	2014				<b>S</b> <sup>(1)</sup>		4,299	D	\$92	(2)(3)	339	9,796		D	
Common	Stock			07/30/2	2014				S <sup>(1)</sup>		701	D	\$92.5	3(3)(4)	339	9,095		D	
Common	Stock			07/30/2	2014				<b>S</b> <sup>(1)</sup>		100	D	\$94 338,995			D			
Common	Stock			07/30/2	2014				<b>S</b> <sup>(1)</sup>		100	D	\$95	5.01 338,895 D		D			
Common	Stock													300,000			I S	Common Stock neld in rust. <sup>(5)</sup>	
Common	Stock														13	,286		I 4	401(k)
		Т	able II								posed of , converti				Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		emed on Date,	n Date, Transac Code (Ir		5. Number of			Exerc	cisable and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. F Der Sec (Ins	. Price of perivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numl of Share	oer					

## **Explanation of Responses:**

\$11.27

1. Transaction made pursuant to Dr. Boger's company approved trading plan under Rule 10b5-1.

07/30/2014

- 2. Open market sales reported on this line occurred at a weighted average price of \$92.00 (range \$91.39 to \$92.38).
- 3. Dr. Boger 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.

5,200

(6)

- 4. Open market sales reported on this line occurred at a weighted average price of \$92.53 (range \$92.39 to \$92.62).
- 5. Common stock held in grantor retained annuity trusts.
- 6. Fully vested.

## Remarks:

Employe Stock

Option

(right to buy)

Omar White, Attorney-In-Fact 08/01/2014

\*\* Signature of Reporting Person

5,200

Commor

Stock

10/06/2014

47,300

D

\$0.00

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.

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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.