FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

## ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>LEIDEN JEFFREY M</u>						2. Issuer Name and Ticker or Trading Symbol  VERTEX PHARMACEUTICALS INC /  MA [ VRTX ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Own				
(Last)	(Fi	rst) (	Middle	)	-   <u>IVI</u>	<u> </u>	KIX	J						X	Offic belov	,	below	(specify )
C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 02/18/2015									CEO &	President		
50 NORTHERN AVENUE					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street) BOSTON MA 02210												Line) X	Forn	Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(St	ate) (	Zip)												Person			
		Tabl	e I - I	Non-Deriv	ative	Sec	uritie	s Ac	quir	ed, D	isposed o	of, or E	Benefic	ially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					Execution Date,		´	Transaction Disposed Of (		Acquired (A) or (D) (Instr. 3, 4 and		5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(Instr. 4)		
Common Stock 02/18/201				15	.5			S <sup>(1)</sup>		17,000	D	\$112.6	2.67(2)(3)		65,177	D		
Common Stock 02/18/2			02/18/20	15				<b>S</b> <sup>(1)</sup>	Ш	15,250	D	\$113.1	4(3)(4)	2	49,927	D		
Common Stock														440	I	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)	ivative curity Conversion or Exercise Price of Derivative Security Execution Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year) 8		4. Transa Code 8)		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	Expi (Mor	ration I hth/Day	(Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)  Amount or Number of Title Shares		Deriv Secu (Inst	Price of rivative curity Securities Str. 5) Str. 6) Str. 6) Str. 6) Str. 6) Str. 6) Str. 7) Str. 6) Str. 7) Str. 6) Str. 7) Str. 6) Str. 7) St		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.
- 2. Open market sales reported on this line occurred at a weighted average price of \$112.67 (range \$111.99 to \$112.98).
- 3. 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.
- 4. Open market sales reported on this line occurred at a weighted average price of \$113.14 (range \$112.99 to \$113.57).

## Remarks:

Omar White, Attorney-In-Fact 02/20/2015

\*\* 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.