FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	DVAL				
OMB Number:	3235-0287				
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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

Name and Address of Reporting Person*     POWER JOHANNA MESSINA						<u>VE</u>	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]									Check a	nship of I applical Director Officer (g	ıble)	Person(s) to Is  10% C Other		
INCORP	C/O VERTEX PHARMACEUTICALS NCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 04/02/2007									VP & Controller					
130 WAVERLY STREET  (Street)  CAMBRIDGE MA 02139						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X	′				
(City)		(Stat		Zip)																	
Common	Date (Mont			2. Transa	ay/Year)  2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (	ction	4. Securit	ies Ac	quired (Instr.	(A) or	5. S B O R T I	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 6,864		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Та									sed of, o				y Owr	ied				
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	ion I	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (I 8)		n of		6. Date Exercisa Expiration Date (Month/Day/Yea		e	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			8. Price Derivat Securit (Instr. !	ive der y Sec b) Ber Ow Foll Rep Trai	Number of rivative curities neficially med llowing ported unsaction(str. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)		Date Exercisal		Expiration Date	Title	or	ount nber ires						

## **Explanation of Responses:**

1. Transaction made pursuant to Ms. Messina-Power's company approved trading plan established under rule 10b5-1.

## Remarks:

Valerie L. Andrews, Attorney-

04/03/2007

**In-Fact** 

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.