FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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

Name and Address of Reporting Person* Parini Michael					<u>V</u>	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									all applic Directo Officer	ionship of Reporting all applicable) Director Officer (give title		10% Ov Other (s	vner
(Last) 50 NOR	(F ΓHERN AV	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/25/2018								X	EVP, CL&AC			below)	
(Street) BOSTON			02210 (Zip)		— [4. I	f Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Di		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		Benefic Owned		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		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock		04/25/2		2018	18		M		2,125	A	\$9	\$90.29		2,123		D		
Common	mmon Stock 04/25/20		2018)18			S ⁽¹⁾		2,214	D	\$155	.55.07 ⁽²⁾⁽³⁾ 39		,909		D			
Common	Common Stock 04/25/2		2018)18			S ⁽¹⁾		300	D	\$156	156.36 ⁽³⁾⁽⁴⁾		9,609		D			
Common	mmon Stock 04/26/20		2018	18		M		38,250	A	\$12	\$122.45		77,859		D				
Common	Stock			04/26/2	2018				S ⁽¹⁾		38,250	D	\$159	.56(3)(5)	39	39,609		D	
		7	Table								posed of,				wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date,		action Instr.	5. Number of		6. Date Exercisable Expiration Date (Month/Day/Year)		cisable and late	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ount 8.	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Form Direct or In (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						v	(A)	(D)	Date Exercisable		Expiration Date	Title	or	nber					
Stock Option (Right to Buy)	\$90.29	04/25/2018			M			2,125	(6)	07/11/2026	Commo Stock	on 2,1	125	\$0.00	19,125	5	D	

Explanation of Responses:

\$122.45

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

04/26/2016

- 2. Open market sales reported on this line occurred at a weighted average price of \$155.07 (range \$154.61 to \$155.56).
- 3. Mr. Parini 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.

38,250

(7)

- 4. Open market sales reported on this line occurred at a weighted average price of \$156.36 (range \$155.97 to \$156.75).
- 5. Open market sales reported on this line occurred at a weighted average price of \$159.56 (range \$159.51 to \$159.60).
- 6. The option vests in 16 quarterly installments from 7/12/2016.
- 7. The option vests in 16 quarterly installments from 1/4/2016.

Remarks:

Option (Right to

Buy)

/s/ Omar White, Attorney-in-

38,250

\$0.00

Common

01/03/2026

04/27/2018

29,750

D

** Signature of Reporting Person

Fact

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.