FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT 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>ULLIAN ELAINE</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | tionship of Reporting all applicable) Director Officer (give title | | on(s) to Iss 10% Ov Other (s | ner |
|--|---|--|--------|-----------------------------------|--|------|--|---|---|---|--------------------|---|---|---|--|---|---|--|--|
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/01/2015 | | | | | | | | | | | below)` | |
| (Street) BOSTON MA 02210 | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | • | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/) | | | | tion | 2A. D Exec | eeme | ed | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | 5. Amount of Securities Beneficially Owned Followi | | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 12/01/20 | | | | | 2015 | .5 | | | M | | 22,500 | A | \$59 | 9.55 | 27 | 7,765 | | D | |
| Common Stock 12/01/20 | | | | | 2015 |)15 | | | | | 6,289 | D | \$128. | 78 ⁽²⁾⁽³⁾ | 21 | ,476 | | D | |
| Common Stock 12/01/20 | | | | | 2015 | 15 | | | | | 10,711 | D | \$129. | 77(3)(4) | 10 | 0,765 | | D | |
| Common Stock 12/01/202 | | | | | 2015 | 15 | | | S ⁽¹⁾ | | 5,400 | D | \$130. | 68(3)(5) | 5,365 | | | D | |
| Common Stock 12/01/201 | | | | | 2015 | 5 | | | S ⁽¹⁾ | | 100 | D | \$13 | \$131.38 | | 5,265 | | D | |
| | | - | Table | | | | | | | | sposed of | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, n/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exer Expiration D (Month/Day/ | | Date | 7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4) | | De Se | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | Amo or Nun of Sha | | | | | | |
| Stock Option (right to | \$59.55 | 12/01/2015 | | | M | | 22,500 | | (6) | | 05/31/2022 | Commo | | 500 | \$0.00 | 0 | | D | |

Explanation of Responses:

- 1. Transaction made pursuant to Ms. Ullian's company approved trading plan under Rule 10b5-1.
- 2. Open market sales reported on this line occurred at a weighted average price of \$128.78 (range \$128.25 to \$129.23).
- 3. Ms. Ullian 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 \$129.77 (range \$129.25 to \$130.24).
- 5. Open market sales reported on this line occurred at a weighted average price of \$130.68 (range \$130.26 to \$131.25).
- 6. Fully vested.

Remarks:

Omar White, Attorney-In-Fact 12/03/2015

** 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.