FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wash

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ngton, D.C. 20549	OMB APPROVAL

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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* Connolly Thomas					VE	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]								(Check all app Direct		licable) tor er (give title		Person(s) to Issuer 10% Owner Other (specify				
INCORP	C/O VERTEX PHARMACEUTICALS INCORPORATED							3. Date of Earliest Transaction (Month/Day/Year) 10/29/2013									SVP, Human Resources					
130 WAVERLY ST.					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) CAMBRIDGE, MA 02139														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(\$	State)	(Zip)																			
		Tab	le I - No	on-Deriv	ative	Sec	urities	s Ac	quired	l, Di	sposed (of, or Be	enefic	ially	Owne	d						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				y/Year) if a		2A. Deemed Execution Date, f any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Secu Bene Own		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			ransaction(s) nstr. 3 and 4)			(Instr. 4)							
Common	Common Stock			10/29/2	/29/2013				M		938	A	\$5	3.74	5	5,940		D				
Common	n Stock 10/2			10/29/2	2013				S ⁽¹⁾		100	D	\$7	572.68		5,840		D				
Common	Stock			10/29/2	2013				S ⁽¹⁾		1,000	D	\$7	(2)(3)	³⁾ 4,840 D							
Common	Stock			10/29/2	2013				S ⁽¹⁾		588	D	\$75	.5(3)(4)	(4) 4,252 D							
Common	Stock															150		I	401(k)			
		T	able II								oosed of converti				wned							
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) if any (Month/Day/Year)			on Date,	4. Transaction Code (Instr. 3)		5. Numl of Derivat Securit Acquire (A) or Dispose of (D) (Instr. 3 and 5)	tive ties ed	6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		ity De Se	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Data		Exminatio :-		or Numl	1								

Exercisable

(5)

Date

09/03/2022

Explanation of Responses:

\$53.74

- $1.\ Transaction\ made\ pursuant\ to\ Mr.\ Connolly's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Open market sales reported on this line occurred at a weighted average price of \$75.00 (range \$74.32 to \$75.24).
- 3. Mr. Connolly 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.

938

(A) (D)

Code

- $4. Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$75.50 \ (range \ \$75.39 \ to \ \$75.60).$
- 5. The option vests in 16 quarterly installments from 09/04/2012.

10/29/2013

Remarks:

Stock Option

buy)

(right to

Kenneth L. Horton, Attorney-

Shares

938

\$0.00

10/31/2013

11,250

D

In-Fact

Title

Commor

Stock

** 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.