FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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Name and Address of Reporting Person*     Kewalramani Reshma					2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /								Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Kewanaman Resima						MA [ VRTX ]								X	_			10% O	-		
(Last)										X	Office below	er (give title		Other ( below)	specify						
l ` ′	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2024									CEO &	Pres	,									
C/O VERTEX PHARMACEUTICALS INCORPORATED																					
50 NORTHERN AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc		Joint/Grou	Joint/Group Filing (Check Applicable					
30 NORTHERN AVENUE														X		Form filed by One Reporting Person					
(Street)															Form	filed by Mo	re tha	an One Rep	orting		
BOSTON MA 02210					Person																
						Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)																					
` ',	,	,	.,								saction was r					ruction or wri	tten pl	lan that is into	ended to		
										0011011			,. ooo .								
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enef	icial	ly Own	ed					
1. Title of S	Security (Ins	tr. 3)		2. Transac				3.										7. Nature			
Date (Month/Da					y/Year) if any				Code (Instr. 5)		Of (D) (Instr. 3,		4 and	Benefic	Beneficially		Form: Direct (D) or Indirect	of Indirect Beneficial			
				- ''		(Mon	(Month/Day/Year)		8)						- Report			nstr. 4)	Ownership (Instr. 4)		
				Code	v	Amount	(A) (D)	or Pi	ice	Transaction(s) (Instr. 3 and 4)											
Common Stock 05/20/					2024		<b>S</b> <sup>(1)</sup>		15,202	D	, (	\$447	47 121,374			D					
		Tal	ble II -	Derivati	ve Se	curit	ies A	Acqu	ired, D	Disp	osed of,	or Be	nefic	ially	Owne	d					
				(e.g., pu	ıts, ca	alls, v	varra	nts,	option	ıs, c	onvertib	le se	curiti	es) ์							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	on Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er							

## **Explanation of Responses:**

1. Transaction made pursuant to Dr. Kewalramani's company approved trading plan under Rule 10b5-1, which was entered into on 02/07/2024.

## Remarks:

/s/ Christiana Stevenson, 05/22/2024 Attorney-in-Fact

\*\* 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.