FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 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

Name and Address of Reporting Person*     LEIDEN JEFFREY M						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]									tionship of Reportir all applicable) Director Officer (give title		ng Person(s) to Is 10% Ov Other (s		wner
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 10/16/2023									X	below)		below)  Chairman		вреспу				
INCORPORATED 50 NORTHERN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applica Line)     X Form filed by One Reporting Person					.
(Street) BOSTO	N M	A 0	2210													filed by Moi on	re tha	n One Repo	orting
(City)	(Sta	ate) (Z	Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												nded to	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Year) Execu		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) S B		5. Amount of Securities Beneficially Owned Following Reported		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) oi (D)	Price		Transa	saction(s) r. 3 and 4)			(111341. 4)		
Common	Stock			10/16/2	023				S <sup>(1)</sup>		12,962 D \$374 <sup>(2)(3)</sup> 22,425 D								
Common	Common Stock														440		I		401(k)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	Code (8)	Transaction of Code (Instr. Derivative		vative rrities gired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		t r		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## **Explanation of Responses:**

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Leiden's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1,\ which\ was\ entered\ into\ on\ 11/01/2022.$
- 2. Dr. Leiden 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.
- 3. Open market sales reported on this line occurred at a weighted average price of \$374.00 (range \$374.00 to \$374.02).

## Remarks:

/s/ Christiana Stevenson, 10/18/2023 Attorney-in-Fact

\*\* Signature of Reporting Person

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.