FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO |  |
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| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*                 |   |                    |   |                | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / |         |                 |  |                 |               |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |                                    |  |                                       |  |
|--|---|--------------------|---|----------------|--|---------|-----------------|--|-----------------|---------------|--|--|---|--|------------------------------------|--|---------------------------------------|--|
| WINGER DENNIS L  |   |                    |   |                | MA [ VRTX ]  |         |                 |  |                 |               |  |  | X Directo   | or   |                                    | 10% Ow   | ner                                   |  |
| (Last)   | (F  | irst)              | (Middle)  |                |  |         |                 |  |                 |               |  |  | Officer below)  |  | Other (s<br>below)                 | pecify   |                                       |  |
| C/O VERTEX PHARMACEUTICALS<br>INCORPORATED               |   |                    |   |                | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2011              |         |                 |  |                 |               |  |  |   |  |                                    |  |                                       |  |
| 130 WAVERLY ST   |   |                    |   | 4.             | 4. If Amendment, Date of Original Filed (Month/Day/Year)                 |         |                 |  |                 |               |  |  | 6. Individual or Joint/Group Filing (Check Applicable                   |  |                                    |  |                                       |  |
| (Street)   |   |                    |   |                |  |         |                 |  |                 |               |  |  | Line)  X Form filed by One Reporting Person                             |  |                                    |  |                                       |  |
| CAMBRIDGE MA 02139                                       |   |                    | 02139   |                |  |         |                 |  |                 |               |  |  | Form filed by More than One Reporting Person                            |  |                                    |  |                                       |  |
| (City)   | (S  | state)             | (Zip)   |                |  |         |                 |  |                 |               |  |  |   |  |                                    |  |                                       |  |
|  |   | Tal                | ole I - Non-De  | erivativ       | re Se  | curitie | s Ac            | quired, D  | ispose          | d o           | f, or Ber  | neficial                               | ly Owned  |  |                                    |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D |   |                    |   | Execution Date |  |         | Code (Instr. 5) |  |                 |               |  | Beneficia<br>Owned F                   | es Form<br>ally (D) of<br>Following (I) (II                             |  | Direct I<br>Indirect E<br>tr. 4) ( | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership                      |                                       |  |
|  |   |                    |   |                |  |         | Code            | Amo  | unt             | (A) or<br>(D) | Price  | Reported<br>Transact<br>(Instr. 3 a    | ion(s)  |  |                                    | (Instr. 4)   |                                       |  |
|  |   | ,                  | Table II - Der<br>(e.g                                      |                |  |         |                 | uired, Dis<br>s, options                                       |                 |               |  |  | Owned   |  |                                    |  |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | e (Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Code (Instr.   |  |         |                 | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                 |               | 7. Title and Amour<br>of Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                     | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | y [0]                              | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |                    |   | Code           | v  | (A)     | (D)             | Date<br>Exercisable  | Expirat<br>Date | ion           | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |  |                                    |  |                                       |  |
| Stock<br>Option  | \$53.85   | 06/01/2011         |   | A              |  | 20,000  |                 | 06/01/2011(1)  | 05/31/2         | 021           | Common<br>Stock  | 20,000                                 | \$0.00  | 20,000   |                                    | D  |                                       |  |

**Explanation of Responses:** 

1. Fully vested.

## Remarks:

Kenneth S. Boger, Attorney-In-06/02/2011 **Fact** 

Date

\*\* 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.