FORM 4

obligations may continue. See Instruction 1(b).

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	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Occident 10.1 onn 4 of 1 onn 5	

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

Name and Address of Reporting Person* Chodakewitz Jeffrey					<u>V</u>	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									5. Relationship of Reportir (Check all applicable) Director X Officer (give title			g Person(s) to Issuer 10% Owner Other (specify			
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 10/16/2017									below) below) EVP GMDA, CMO						
50 NORTHERN AVENUE				_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) BOSTO	N M	A	02210				X F										Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Si	ate)	Zip)																		
		Tab	le I -	Non-Deri	vative	Sec	uriti	ies A	cquir	ed, D	isposed o	of, or B	enefici	ally	Owned	l					
Date			2. Transacti Date (Month/Day	1	2A. Deemed Execution Date, if any (Month/Day/Year)		ate,	3. Transa Code (8)	ction	4. Securities Disposed Of		Beneficia Owned F		es ially Following	Form:	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)		[Instr. 4)		
Common Stock			10/16/20	10/16/2017				M		1,718	A	\$96.8	37	116	6,142		D				
Common Stock			10/16/20	10/16/2017				S ⁽¹⁾		300	D	\$153.42	(2)(3)	115	5,842		D				
Common Stock			10/16/20	10/16/2017				S ⁽¹⁾		818	D	\$154.76	5 (2)(4)	115	5,024		D				
Common Stock			10/16/2017					S ⁽¹⁾		300	D	\$155.9	\$155.92 ⁽²⁾		114,724		D				
Common Stock 10			10/16/20)17				S ⁽¹⁾		300	D	\$157.38 ⁽²⁾		114,424			D				
		Т	able								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 4. ion Date, Tran		saction of Derir Secu Acqu (A) c Disp of (E		umber vative urities uired or oosed o) tr. 3, 4	6. Date Exe Expiration (Month/Day		cisable and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er							
Stock Option (Right to Buy)	\$96.87	10/16/2017			M			1,718	(5)	07/14/2024	Common Stock	1,718	3	\$0.00	5,157		D			

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Chodake witz's\ company-approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Dr. Chodakewitz 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 \$153.42 (range \$153.11 to \$153.58).
- 4. Open market sales reported on this line occurred at a weighted average price of \$154.76 (range \$154.50 to \$155.15).
- 5. The option vests in 16 quarterly installments from 7/15/2014.

Remarks:

/s/ Omar White, Attorney-in-

10/18/2017

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.