## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

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

1. Name and Address of Reporting Person*  MUELLER PETER  (Last) (First) (Middle)  C/O VERTEX PHARMACEUTICALS INCORPORATED				<u>V)</u> <u>M</u>	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]  3. Date of Earliest Transaction (Month/Day/Year) 08/15/2012  4. If Amendment, Date of Original Filed (Month/Day/Year)								is. Relationship of Reporting Person(s) to Issu Check all applicable)  Director  X Officer (give title below)  EVP, Global R&D, CSO				/ner	
130 WAVERLY ST.  (Street)  CAMBRIDGE MA 02139  (City) (State) (Zip)													4. 11	Individual or Joint/Group Filing (Check Applicable Line)      X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
		Tab	le I - N	lon-Deriv	vative	Sec	uriti	ies Ac	quire	d, D	isposed o	of, or Be	eneficial	lly Owne				
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/			tion	Execution Date,		ed Date,	3. 4. Secu		4. Securities	ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					(Monay		yrreary	Code	v	Amount	(A) or (D)	Price	Reporte Transa	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)	
Common Stock			08/15/2	2012				M		6,500	A	\$16.32	2 13	8,816	D			
Common Stock		08/15/2	/2012				<b>S</b> <sup>(1)</sup>		2,400	D	\$53.84(2	(3) 136,416		D	)			
Common Stock			08/15/2	/15/2012				S <sup>(1)</sup>		4,100	D	<b>\$54.3</b> <sup>(3)</sup>	<sup>4)</sup> 132,316		D	,		
Common Stock												4,647		I		401(k)		
Common Stock												15	5,920	I	1	Common Stock neld in crust. <sup>(5)</sup>		
		7	able I								posed of , converti			/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	n Date e (Month/Day/Year) i	Execut if any			ection Instr.			6. Date Exerci Expiration Dat (Month/Day/Ye		ate	7. Title ar Amount c Securities Underlyir Derivativ (Instr. 3 a	of s ng e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	vnership orm: rect (D) Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option Grant (right to buy)	\$16.32	08/15/2012			М			6,500	(6)	)	07/14/2013	Common Stock	6,500	\$0.00	22,800	)	D	

## **Explanation of Responses:**

- 1. Transaction made pursuant to Dr. Mueller's company approved trading plan under Rule 10b5-1.
- 2. Open market sales reported on this line occurred at a weighted average price of \$53.84 (range \$53.37 to \$53.99).
- 3. Dr. Mueller 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.
- 4. Open market sales reported on this line occurred at a weighted average price of \$54.30 (range \$54.00 to \$54.69).
- 5. Common stock held in grantor retained annuity trusts.
- 6. Fully vested.

## Remarks:

Valerie L. Andrews, Attorney-**In-Fact** 

08/17/2012

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.