FORM 4

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
obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Instruction 1(b)

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 (Lack) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									all appli Directo	cable) or (give title	g Pers	10% Ov Other (s below)	vner	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET						3. Date of Earliest Transaction (Month/Day/Year) 10/15/2008									EVP Drug Innov.& Realiz, CSO					
(Street) CAMBRIDGE MA 02139				- 4. l [·]	4. If Amendment, Date of Original Filed (Month/Day/Year)									vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				n		
(City)	(S		(Zip)	Ion-Deriv	,ative	Sec	uriti	ies Ar	auire	-d D	isnosed o	of or B	eneficia	llv	Owner	1				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				tion	2A. D Exec if any	eemed ution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or		5. Amou Securiti Benefic Owned	. Amount of ecurities eneficially wned Following		n: Direct r 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 10/15/200					2008	08			М		2,400	2,400 A \$9		7	88,790			D		
Common Stock 10/15/				2008				S ⁽¹⁾		720	D	\$25.730	2)(5)	88	,070		D			
Common Stock 10/15/20					2008	800			S ⁽¹⁾		1,200	D	\$26.840	.(3)(5) 86		,870		D		
Common Stock 10/15/20					2008	08			S ⁽¹⁾		480	D	\$27.74(4)(5)		86,390			D		
Common Stock															3,	460		Ι .	401(k)	
		T	able I								posed of, converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execur Pay/Year) if any	emed ion Date, /Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title a Amount Securitie Underly Derivatir (Instr. 3	of es ng /e Security	De Se	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 Exercisal	sable	Expiration Date	Title	Amount or Number of Shares							
Stock Option	\$9.07	10/15/2008			M			2,400	(6	5)	12/10/2013	Common	2,400		\$0	7,200		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 \$25.73 (range \$25.35 to \$26.18).
- 3. Open market sales reported on this line occurred at a weighted average price of \$26.84 (range \$26.44 to \$27.36).
- 4. Open market sales reported on this line occurred at a weighted average price of \$27.74 (range \$27.61 to \$27.87).
- 5. 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.
- 6. Fully vested.

Remarks:

Valerie L. Andrews, Attorney-

10/16/2008

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.