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

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

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* Silva Paul M | | | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | heck all appl Direct | cable) | ig Person(s) to l 10% (Other | | |
|---|---|--|---|---|--|--|------------------------------------|--------|--|---|---|---|---|---|--|--|
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2015 | | | | | | | pelow | | below rp Controller | | | |
| 50 NORTHERN AVENUE | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | N M | Α | 02210 | | | | | | | | | X Form | filed by Mo | e Reporting Pers | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative S | Securities Ac | quired | , Dis | posed o | f, or Bei | neficia | lly Owne | t | | | |
| D I This or seeding (mean s) | | | 2. Transa Date (Month/D | | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code | Transaction Disposed Code (Instr. | | ties Acquired (A) or I Of (D) (Instr. 3, 4 an | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | (Instr. 4) | |
| Common Stock | | | 02/23/ | 2015 | | M | | 860 | A | \$83.3 | 36 21 | ,485 | D | | | |
| Common Stock | | 02/23/ | 2015 | | M | | 1,290 | A | \$77.3 | 31 22 | ,775 | D | | | | |
| Common Stock | | 02/23/ | 2015 | | S ⁽¹⁾ | | 2,150 | D | \$119. | 85 20 | ,625 | D | | | | |
| Common Stock | | | | | | | | | | | | 1 | 169 | I | 401(k) | |
| | | 7 | able II - | | | curities Acq Ills, warrants | | | | | | y Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transactic Code (Ins B) | on of | 6. Date E Expiratio (Month/D | n Date | | 7. Title and Amount of Securities Underlying Derivative (Instr. 3 an | J Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership ct (Instr. 4) | |

Explanation of Responses:

\$83.36

\$77.31

- 1. Transaction made pursuant to Mr. Silva's company approved trading plan under Rule 10b5-1.
- 2. The option vests in 16 quarterly installments from 07/30/2013.

02/23/2015

02/23/2015

3. The option vests in 16 quarterly installments from 02/05/2014.

Remarks:

Stock Option

(right to buy)

Stock Option

buy)

(right to

Omar White, Attorney-In-Fact 02/25/2015

8,593

15,468

D

D

** Signature of Reporting Person Date

Stock

Stock

Amount or Number

of Shares

860

1,290

\$0.00

\$0.00

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.

ànd 5)

(A) (D)

860

1,290

Code

Date Exercisable

(2)

(3)

Expiration Date

07/29/2023

02/04/2024