| UNITED STATES SECURITIES AND EXCHANGE COMMISSION |
|--|
| Washington D.C. 20540 |

| OMB | APP | PRO | /Al |
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6. Individual or Joint/Group Filing (Check Applicable Line)

Form filed by One Reporting Person

Form filed by More than One Reporting

Х

Person

0.5

| | | OMB APPROVAL | | | | |
|----------|--|--------------|------------------------------------|--------------------------------|---------------------------------------|--|
| STATEME | NT OF CHANGES IN BENEFICIAL OWNE | RSHI | Ρ | OMB Number: Estimated avera | 0 | |
| File | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | hours per respo | | |
| | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / | | tionship of R all applicabl | eporting Person e) | (s) to Issuer | |
| (Middle) | <u>MA</u> [VRTX] | X | Director Officer (giv below) | e title | 10% Owner Other (specify below) | |
| LS | 3. Date of Earliest Transaction (Month/Day/Year) 10/17/2016 | | | | | |

INCORPORATED 50 NORTHERN AVENUE

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person*

SACHS BRUCE I

(Last)

| (Street) | | |
|----------|---------|-------|
| BOSTON | MA | 02210 |
| | | |
| (City) | (State) | (Zip) |

(First)

C/O VERTEX PHARMACEUTICALS

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. If Amendment, Date of Original Filed (Month/Day/Year)

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | ction | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|-------|--|---------------|-------|---|---------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | Derivative | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|------------|-----|--|--------------------|---|-------------------------------------|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Deferred Stock Units | (1) | 10/17/2016 | | A | | 515.561 | | (1) | (1) | Common Stock | 515.561 | \$80.01 | 1,465.979 | D | |

Explanation of Responses:

1. Each deferred stock unit represents one share of common stock and is paid out in common stock upon the earliest to occur of (i) termination of Mr. Sachs' service on our board of directors, (ii) a change of control of our company and (iii) Mr. Sachs' disability or death.

Remarks:

Omar White, Attorney-In-Fact 10/19/2016

** 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.