### 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
Instruction 1(b).

#### 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*     Chodakewitz Jeffrey						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]								Officer (give title				son(s) to Iss 10% O Other (s	wner	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 07/03/2017								X Ollicer (give title Other (specify below)  EVP GMDA, CMO						
50 NORTHERN AVENUE					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTO	,			_									X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(Si	tate) (	(Zip)																	
		Tab	le I -	Non-Deri	vativ	e Sec	uriti	ies A	cquir	ed, C	Disposed o	of, or E	Beneficia	ally	Owned	l				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Executification if any	cution Date, ly		3. Transaction Code (Instr. 8)		4. Securities Disposed Of		5. Amount of Securities Beneficially Owned Follow Reported Transaction(s) (Instr. 3 and 4)		es ially Following	Forn (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership				
									Code	v			Amount	(A) or (D)	Price	tion(s)			(Instr. 4)	
Common Stock 07/03/201			017	.7			M		3,438	A	\$73.5	125,949		5,949		D				
Common	on Stock 07/03/201			017	7			S <sup>(1)</sup>		2,222	D	\$127.38	.38(2)(3)		123,727		D			
Common	Stock			07/03/20	017				S <sup>(1)</sup>		1,216	D	\$128.57	(2)(4)	<sup>2)(4)</sup> 122,511			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			action	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				rcisable and Date	7. Title Amoun Securit Underly	and t of ies /ing ive Security	8. De Se (In	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to	\$73.51	07/03/2017			M			3,438	(	(5)	01/01/2024	Commo Stock			\$0.00	6,875		D		

#### **Explanation of Responses:**

- 1. Transaction made pursuant to Dr. Chodakewitz's company-approved trading plan under Rule 10b5-1.
- 2. Mr. 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 \$127.38 (range \$126.99 to \$127.89).
- 4. Open market sales reported on this line occurred at a weighted average price of \$128.57 (range \$128.19 to \$129.05).
- 5. The option vests in 16 quarterly installments from 01/02/2014.

# Remarks:

/s/ Stephen Migausky, 07/06/2017 Attorney-in-Fact

\*\* 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.