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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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 OMB APPROVAL
OMB Number: 3235-0287
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| Estimated average burde | en | |
| hours per response: | | 0.5 |

| 1. Name and Addres ALTSHULEI (Last) | ss of Reporting Perso <u>R DAVID</u> (First) | n [*] | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | tionship of Reporting Perso all applicable) Director Officer (give title below) | on(s) to Issuer 10% Owner Other (specify below) | |
|--|--|----------------|--|-------|---|--|--|
| C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE | | , | 3. Date of Earliest Transaction (Month/Day/Year) 01/22/2019 | | EVP, Global Research and CSO | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | (Check Applicable | | |
| (Street) BOSTON | MA | 02210 | | X | Form filed by One Repor Form filed by More than Person | 0 | |
| (City) | (State) | (Zip) | | | | | |

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

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 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 | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 01/22/2019 | | М | | 2,125 | Α | \$131.89 | 41,238 | D | | |
| Common Stock | 01/22/2019 | | S ⁽¹⁾ | | 2,125 | D | \$193.48 | 39,113 | D | | |

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

| 1. Title of Derivative Security | 2. Conversion or Exercise | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any | Transaction of Expiration | | | 6. Date Exerc Expiration Da (Month/Day/Y | ate | ble and 7. Title and Amount of | | | 9. Number of derivative Securities | 10. Ownership Form: | 11. Nature of Indirect Beneficial | |
|---------------------------------------|------------------------------------|--|---|---------------------------|---|--|--|---------------------|--------------------------------|---|--|--|---------------------------|---|-------------------------|
| (Instr. 3) | Price of Derivative Security | , | (Month/Day/Year) | | | Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | (monundayrear) | | Underlying Derivative Security (Instr. 3 and 4) | | Security (Instr. 5) | Beneficially Owned | Direct (D) or Indirect (I) (Instr. 4) | Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$131.89 | 01/22/2019 | | М | | | 2,125 | (2) | 07/20/2025 | Common Stock | 2,125 | \$0.00 | 4,250 | D | |

Explanation of Responses:

1. Transaction made pursuant to Dr. Altshuler's company approved trading plan under Rule 10b5-1.

2. The option vests in 16 quarterly installments from 07/21/2015.

Remarks:

/s/ Omar White, Attorney-in-

Fact

01/24/2019

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.