SEC For	m 4 FORM 4	4 U	NITE	D STAT	TES :	SEC	URI	TIE	S AN	ID F	EXCHAN	IGE	co	MMI	SSIO	N			
				Washington, D.C. 20549											OMB APPROVA				
Check to Sect obligat Instruc	l pursua	Pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Num Estimated hours per			average burde	3235-0287 en 0.5				
1. Name and Address of Reporting Person* Sanna Bastiano						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below)				wner
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 07/30/2021									EVP,	Cell & G	eneti	ic Therapi	es
50 NORTHERN AVENUE (Street) BOSTON MA 02210 (City) (State) (Zip)				4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(36	, , ,				2000				Die	magad of			ficially					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					tion	on 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8) 4. Securi Disposed 5)			a Acqui	red (A) or	5. Amo Securi Benefi Owned	ount of ties cially I Following	Forr	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o (D)	r Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(instr. 4)
Common Stock 07/30/2					021)21			F		766	D	\$	200.39	.39 33,342			D	
		Tal	ole II ·								osed of, o convertib				Owne	d			
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)			nsaction de (Instr. I de (Instr. I (1 0		mber rative rities ired r osed) : 3, 4 5)	Expiration (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exerci:	sable	Expiration Date	Title	or Num of Shar						

Explanation of Responses:

Remarks:

/s/ Sabrina Yohai, Attorney-in-08/03/2021

<u>Fact</u>

** 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.