FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT (OF CHANGES II	N BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* BOGER JOSHUA S (Last) (First) (Middle)			<u>V</u>	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									All application of the control of th	onship of Reportin II applicable) Director Officer (give title below)		son(s) to Iss 10% Ov Other (s	wner		
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET					10/	Date of Earliest Transaction (Month/Day/Year) 10/27/2009 4. If Amendment, Date of Original Filed (Month/Day/Year)									,) Filing	(Check Ap	plicable
(Street) CAMBR (City)			02139 (Zip)		-								Lii	ne) X		iled by Mor	•	orting Person One Repo	
(City)	(5)			lon-Deriv	/ative	Sec	uriti	ies Ac	auire	d. D	isposed o	of. or B	eneficia	llv (Owned	 ქ			
1. Title of Security (Instr. 3)		2. Transact	nsaction 2A. Exe h/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or		d (A) or	5. Amo Securit Benefic Owned		int of es ially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 10/2			10/27/2	2009)09			M		6,400	A	\$13.1	.1 1,0		72,795		D		
Common Stock		10/27/2	.009				S ⁽¹⁾		1,100	D	\$32.52	2)(4)	1,07	71,695		D			
Common Stock 10		10/27/2	009				S ⁽¹⁾		5,300	D	\$33.460	3)(4)	1,06	66,395		D			
Common	Stock														13,286			I	401(k)
Common Stock														207	7,500			Shares in trust ⁽⁵⁾	
		Т	able I								posed of converti			y O	wned				
Derivative Conversion Date Ex Security or Exercise (Month/Day/Year) if a		if any	ıtion Date, Trans		nsaction of De Se Ac (A) Dis		osed 0) tr. 3, 4	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						
Stock Options	\$13.11	10/21/2009			M			6,400	(6)	12/01/2009	Commor Stock	6,400		\$0	25,574	4	D	

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Boger's\ company\ approved\ trading\ plan\ established\ under\ Rule\ 10b5-1.$
- 2. Open market sales reported on this line occurred at a weighted average price of \$32.52 (range \$32.21 to \$32.97).
- $3. Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$33.46 \ (range \ \$33.28 \ to \ \$33.60).$
- 4. Dr. Boger 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.
- 5. Shares held in trust for Dr. Boger's children. Dr. Boger disclaims beneficial ownership of such shares.
- 6. Fully vested.

Remarks:

Valerie L. Andrews, Attorney-

10/28/2009

In-Fact

** 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.