## FORM 4

Check this box if no longer subjection 16. Form 4 or Form 5

obligations may continue. See Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

ct to	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							
-	2 Jacuar Nama and Ticker or Trading Cumbal	L					

Name and Address of Reporting Person*     BOGER JOSHUA S					V	VERTEX PHARMACEUTICALS INC / MA [ VRTX ]										of Reportin cable) or (give title	g Per	son(s) to Iss 10% Ov Other (s	wner
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET					3. Date of Earliest Transaction (Month/Day/Year) 10/21/2009									below)			below)	.,,	
130 WAV	/ERLY STI	REET			4.1	f Amen	dme	nt, Date	of Orig	inal Fi	led (Month/D	ay/Year)		. Indi	vidual or .	Joint/Group	Filino	g (Check Ap	plicable
(Street)  CAMBRIDGE MA 02139													X	Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
		Tab	le I - N	lon-Deri	vative	Sec	urit	ies Ad	quire	ed, D	isposed o	of, or B	enefici	ally	Owned	ł			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Securit Benefic Owned		es ially Following	6. Ownership 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		10/21/2	10/21/2009				M		6,400	A	\$13.	11	1,07	2,795		D			
Common Stock		10/21/2009				S <sup>(1)</sup>		6,400	D	\$33.17	(2)(3)	1,06	66,395		D				
Common Stock													13	3,286		I	401(k)		
Common	Stock													207,500 I			Shares in trust <sup>(4)</sup>		
		Т	able I	ا - Deriva (e.g., إ	ative : puts,	Secu calls	ritie , wa	s Acc	uired s, opt	l, Dis	posed of , converti	, or Ber ble sec	neficial urities	lly C	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		action (Instr.	5. Number of		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		D S (li	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
						ode V		(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er					
Stock	\$13.11	10/21/2009			M	6,400		(5)		12/01/2009	Common	6,400		\$0	31,974	1	D		

## **Explanation of Responses:**

- 1. Transaction made pursuant to Dr. Boger's company approved trading plan established under Rule 10b5-1.
- $2. Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$33.17 \ (range \ \$32.89 \ to \ \$34.47).$
- 3. 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.
- 4. Shares held in trust for Dr. Boger's children. Dr. Boger disclaims beneficial ownership of such shares.
- 5. Fully vested.

## Remarks:

Options

Valerie L. Andrews, Attorney-

10/22/2009

In-Fact

Stock

\*\* 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.