FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, D.C. 20549 |  |
|------------------------|--|
|------------------------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| 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* <u>Kearney Terrence C</u> |  |  |          | V                                       | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ] |         |     |  |                    |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |  |   |       |  |  |  |
|--|--|--|----------|---|--|---------|-----|--|--------------------|--|---|--|---|-------|--|--|--|
| (Last)   | /Ei  | rst)                                       | (Middle) | -                                       | <u></u> [  | , 1(171 | J   |  |                    |  |   | Officer<br>below)  | (give title   |       | Other (s   | specify  |  |
| C/O VERTEX PHARMACEUTICALS INCORPORATED                            |  |  |          |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/01/2021                          |         |     |  |                    |  |   |  |   |       |  |  |  |
| 50 NORTHERN AVENUE   |  |  |          | 4. 1                                    | 4. If Amendment, Date of Original Filed (Month/Day/Year)                             |         |     |  |                    |  |   | Individual or Joint/Group Filing (Check Applicable Line) |   |       |  |  |  |
| (Street) BOSTON MA 02210   |  |  | 02210    |   |  |         |     |  |                    |  | X Form  |  |   |       |  |  |  |
| (City)   | (St  | ate)                                       | (Zip)    |   |  |         |     |  |                    |  |   |  |   |       |  |  |  |
|  | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |  |          |   |  |         |     |  |                    |  |   |  |   |       |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)      |  |  |          |   | Execution Date,  |         |     | Code (Ins                                      |                    |  |   | Benefic  | es<br>ally<br>Following   | Form: | : Direct<br>Indirect<br>str. 4)  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |
|  |  |  |          |   |  |         |     | Code V   | Amour              | t (A) o  | r Price   | Transac<br>(Instr. 3                                     | tion(s)   |       |  | (111301.4)   |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |          |   |  |         |     |  |                    |  |   |  |   |       |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | xercise (Month/Day/Year)<br>e of<br>vative | if any   | 4.<br>Transaction<br>Code (Instr.<br>8) |  |         |     | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y | ate                | and 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Secu<br>(Instr. 3 and 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)      | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | ly    | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |  |          | Code                                    | v  | (A)     | (D) | Date<br>Exercisable                            | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares  |  |   |       |  |  |  |
| Stock<br>Option<br>(Right to<br>Buy)                               | \$217.2  | 05/01/2021                                 |          | A                                       |  | 6,067   |     | (1)  | 04/30/203          | Common<br>Stock  | 6,067   | \$0.00   | 6,067   |       | D  |  |  |

**Explanation of Responses:** 

1. Fully vested.

Remarks:

/s/ Sabrina Yohai, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person Date

05/04/2021

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.