FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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

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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* Silva Paul M						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]										all app Direct	tor r (give title	ng Pe	10% O	wner		
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/26/2021										SVP & Chief Accounting Officer						
(Street)	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person											
(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)		Tra	3. Transaction Code (Instr. 8)		4. Securities Ad Disposed Of (D		cquired (A) or D) (Instr. 3, 4 and			Securi Benefi Owned	Amount of ecurities eneficially wned Following eported		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Cc	ode	v	Amount	(A) oi (D)	Pri	ce		Transaction(s) (Instr. 3 and 4)		(1113	u. 4)	(111341. 4)			
Common Stock				02/26/2021					F		2,218	D	[;	\$212.42		1	12,666		D			
Common Stock				03/01/2021				S	(1)		1,026	D	\$2	210.13 ⁽²⁾⁽³⁾		1	11,640		D			
Common	03/01/2021				S	(1)		610	D	\$211.45(3)((3)(4)	11,030		D							
Common Stock				03/01/2021				S	(1)		915	D	\$212.51(3)(5)		(3)(5)	10,115		D				
Common Stock				03/01/2021				S	(1)		231	D	D \$213.1		2(3)(6)		9,884		D			
Common	Stock																169		I	401(k)		
		Т	able	II - Derivati							sposed o					wne	t					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		Ex f) if a	. Deemed ecution Date, uny onth/Day/Year)	4. Tran	saction e (Instr.	5. Num of Deriva Securi Acquii (A) or Dispo of (D) (Instr. and 5)	nber tive ties red	6. Exp	Date Exercisable and Expiration Date [Month/Day/Year) Expiration Date Exercisable Date Date Date Date			7. Title and Amount of Securities Underlying Derivative Security (Ins: 3 and 4) Amou or Numb of Title Share:		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

- 1. Transaction made pursuant to Mr. Silva's company approved trading plan under Rule 10b5-1.
- 2. Open market sales reported on this line occurred at a weighted average price of \$210.13 (range \$209.93 to \$210.77).
- 3. Mr. Silva 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. Open market sales reported on this line occurred at a weighted average price of \$211.45 (range \$210.96 to \$211.95).
- $5. \ Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$212.51 \ (range \ \$211.96 \ to \ \$212.85).$
- 6. Open market sales reported on this line occurred at a weighted average price of \$213.12 (range \$212.96 to \$213.27).

Remarks:

/s/ Sabrina Yohai, Attorney-in-03/02/2021

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.