FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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

| Name and Address of Reporting Person* Kelly Lisa | | | | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | | k all applic Directo | able) | g Pers | on(s) to Issi 10% Ov Other (s below) | vner | |
|---|---|--|--|--------|--|--|---|--|------------|--------------------------------|------------------|--|---|-----------------------------------|-------------------------------|--|---|---|--|---|--|
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/02/2011 | | | | | | | | | | , | /P, Huma | P, Human Resources | | | |
| 130 WAVERLY ST (Street) CAMBRIDGE MA 02139 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 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) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | |
| | | Tal | ble I - No | n-Deri | ivativ | e Se | curi | ties A | cqu | ired, | Dis | posed o | f, or Be | nefici | ally | Owned | | | | | |
| Date | | | | Date | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, | 3. Transa Code (I 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 4 and 5) Secu Bene Owne | | s ally following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | - | Code | v | Amount | (A) o | r Pric |) | Transact (Instr. 3 | on(s) | | | (Instr. 4) | |
| Common Stock 03/0 | | | | |)2/201 | 2/2011 | | | | M | | 11,438 | 3 A | \$1 | 3.93 | 3 53,680 | | D | | | |
| Common Stock 03/02/ | | | | |)2/201 | 11 | | | | S ⁽¹⁾ | | 11,438 | 3 D | \$4 | 7.5 | 42, | 42,242 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 1,182 | | | I | 401(k) | | |
| | | | Table II - | | | | | | • | • | • | osed of, onvertib | | | • | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | Date, | | Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Ex Diration Onth/Da | Date | | 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 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) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | e ercisab | | Expiration Date | Title | Amou or Numb of Share | er | | | | | | |
| Stock | \$18.93 | 03/02/2011 | | T | M | | | 11,438 | 05/ | 15/2008 | g ⁽²⁾ | 02/06/2018 | Common | 11,4 | 38 F | \$0.00 | 7,625 | 5] | D | | |

Explanation of Responses:

- 1. Transaction made pursuant to Ms. Kelly-Croswell's company approved trading plan under Rule 10b5-1.
- 2. Right to buy under 2006 Stock and Option Plan, vesting in 16 quarterly installments from 02/07/2008, except that the first quarterly vesting occurred on May 15, 2008.

Remarks:

<u>Valerie L. Andrews, Attorney-In-Fact</u>

03/03/2011

** 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.