FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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| 1. Name and Address of Reporting Person* MUELLER PETER | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | tionship of Reporting Perso all applicable) Director Officer (give title below) | 10% Owner Other (specify below) |
|--|---------|-------|--|---|---|---------------------------------------|
| C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET | | ALS | 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2010 | | EVP, Global R&D |), CSO |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | |
| (Street) | | | | X | Form filed by One Report | ting Person |
| CAMBRIDGE | MA | 02139 | | | Form filed by More than 0 Person | One Reporting |
| (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) | | | 4. Securities Disposed Of | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-------------------------|---|------------------------------|---------------|---------------|---|---|---|
| | | Code | | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 03/15/2010 | | М | | 1,600 | Α | \$10.41 | 127,105 | D | |
| Common Stock | 03/15/2010 | | S ⁽¹⁾ | | 1,600 | D | \$43.08(2)(3) | 125,505 | D | |
| Common Stock | | | | | | | | 3,864 | Ι | 401(k) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | (cigi, puto, build, warrants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|-----------------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Sec Acq (A) o Disp of (I | erivative curities cquired) or sposed (D) str. 3, 4 | | Amount of | | 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) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option | \$10.41 | 03/15/2010 | | М | | | 1,600 | (4) | 02/02/2015 | Common Stock | 1,600 | \$ <mark>0</mark> | 29,600 | D | |

Explanation of Responses:

1. Transaction made pursuant to Dr. Mueller's company approved trading plan under Rule 10b5-1.

2. Open market sales reported on this line occurred at a weighted average price of \$43.08 (range \$42.80 to \$43.52).

3. Dr. Mueller 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. Fully vested.

Remarks:

Kenneth S. Boger, Attorney-In-03/16/2010 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.