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 nor resnance:	0 1							

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* MUELLER PETER				<u>V</u>	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									k all applic Directo	r (give title		10% C	wner (specify	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY ST.					3. Date of Earliest Transaction (Month/Day/Year) 09/16/2013								EVP, Global R&D, CSO						
(Street) CAMBRIDGE MA 02139				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)	(5	•	(Zip)																
1. Title of Security (Instr. 3) 2. Tran- Date			2. Transacti	on	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following		nt of s .lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Common Stock 09/1			09/16/20	13	13			M		7,500	A	\$18.9	3 151,900		900	D		
Common Stock			09/16/20	09/16/2013				S ⁽¹⁾		3,085	D	\$76.4(2)	2)(3)	148,	3,815		D		
Common Stock			09/16/2013					S ⁽¹⁾		2,895	D	\$77.44	4 ⁽³⁾⁽⁴⁾ 14		5,920		D		
Common Stock 0			09/16/20	:013				S ⁽¹⁾		1,320	D	\$78.38	3)(5)	(5) 144,600		D			
Common Stock 09/16/20			13	.3			S ⁽¹⁾		200	D	\$79.0	\$79.08		144,400		D			
Common	Stock													4,770 I 401(401(k)	
Common	Stock													5,568 I				Revocable Trust	
		1	able								sposed of , converti				Owned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any			action (Instr.			6. Date Expira (Mont	ation D		e Amount of		D S (I	. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amoun or Numbe of Shares	er					
Stock Option	\$18.93	09/16/2013			M			7,500	(6)		02/06/2018	Commo Stock)	\$0.00	10,500		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 \$76.40 (range \$75.97 to \$76.93).
- 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. Open market sales reported on this line occurred at a weighted average price of \$77.44 (range \$76.97 to \$77.96).
- 5. Open market sales reported on this line occurred at a weighted average price of \$78.38 (range \$78.03 to \$78.89).
- 6. Fully vested.

Remarks:

Kenneth L. Horton, Attorney-

09/17/2013

In-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.