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*  Sachdev Amit					VE	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]									(Check	all app	,		vner		
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 11/16/2020										X Officer (give title Officer (specify below)  EVP, Chief Patient Officer					
50 NORTHERN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	'																Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Sta																				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
111110 01 00001119 (1110111 0)			2. Transaction Date (Month/Day/Ye	Execution		n Date	T	3. Transaction Code (Instr. 8)		Di	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			nd 5) Sec Ben Owr		Amount of ecurities eneficially wned Following		n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership		
								C	ode	v	Ar	nount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Inst	r. 4)	(Instr. 4)	
Common Stock 11/16					)				<b>S</b> <sup>(1)</sup>			12	D	\$222.	.5(2)(3)	3	35,133		D		
Common Stock 11/16/2020					0				<b>S</b> <sup>(1)</sup>			22	D	\$223.	76 <sup>(3)(4)</sup>	3	35,111		D		
Common Stock 11/16/202					0				<b>S</b> <sup>(1)</sup>	(1)		8	D	D \$224.44 <sup>(3)(5)</sup>		35,103			D		
Common Stock																	882		Ι .	401(k)	
Common Stock																1	14,002			Held in trust	
		Tal	ble	II - Derivati (e.g., pu												Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed scution Date, ny onth/Day/Year)		Transaction of Code (Instr. Derivative			Expiration (Month/Date)					7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	) (D)		Date ) Exercisal		Expiratio Date	n Title	or Numb of	er						

## **Explanation of Responses:**

- 1. Transaction made pursuant to Mr. Sachdev's company approved trading plan under Rule 10b5-1.
- 2. Open market sales reported on this line occurred at a weighted average price of \$222.50 (range \$222.03 to \$222.89).
- 3. Mr. Sachdev 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 \$223.76 (range \$223.17 to \$224.14).
- 5. Open market sales reported on this line occurred at a weighted average price of \$224.44 (range \$224.20 to \$224.70).

## Remarks:

/s/ Sabrina Yohai, Attorney-in-11/18/2020 **Fact** 

Date

\*\* Signature of Reporting Person

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.