FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CH |
|--|---------------------|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to S |

HANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* BOGER KENNETH S (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY ST | | | | | V | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | eck all applion Director Officer | ctor er (give title | | 10% Ow Other (s | ner |
|---|---|--|--|------------|---|--|--------|-----------------------------|-------------------|---|--------------------|---|--|--|--|---|--|---------------------------------------|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/28/2011 | | | | | | | | below) | svp & General Counsel | | | |
| (Street) CAMBRIDGE MA 02176 (City) (State) (Zip) | | | | | _ 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tak | le I - No | n-Deri | vativ | e Se | curi | ties Ac | quired, | Dis | posed o | of, or Be | neficial | ly Owned | l | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Code (Instr. | | ties Acquire I Of (D) (Ins | | Benefici Owned F | es ally Following | Form | : Direct C Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | 1 | Instr. 4) |
| Common Stock | | | | 06/28/2011 | | 1 | | | М | | 14,66 | 7 A | \$18.7 | 5 127 | 27,666 | | D | |
| Common Stock | | | | 06/28/2011 | | .1 | | | S ⁽¹⁾ | | 14,66 | 7 D | \$50 | 112 | 112,999 | | D | |
| Common | Stock | | | | | | | | | | | | | 5, | 021 | | I 4 | 401(k) |
| Common Stock | | | | | | | | | | | | | 174, | .167(2) | | | Trustee of Trusts | |
| | | | Table II - | | | | | | | | | or Bene ble secu | | Owned | | | | |
| Derivative Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | ransaction code (Instr. | | ı of E | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and of Security Underlying Derivative (Instr. 3 ar | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock | ¢18.75 | 06/28/2011 | | | м | 1 | | 14 667 | (3) | ٦ [| 09/23/2011 | Common | 14 667 | \$0.00 | 58 669 | g | D | I |

Explanation of Responses:

- 1. Transaction made pursuant to Mr. Boger's company approved trading plan under Rule 10b5-1.
- 2. Kenneth S. Boger is the trustee for trusts established for the benefit of the three adult children of Joshua S. Boger (a director of the issuer).
- 3. Fully vested.

Remarks:

Kenneth S. Boger

06/29/2011

** 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.