FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

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

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

| 1. Name and Address of Reporting Person* SATO VICKI L (Last) (First) (Middle) | | | | | | VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | | eck all appli Direct | cable) or (give title | g Pers | 10% Ov Other (s below) | vner |
|---|---|------------|--|-------------------------------|---|---|---|----------|------------|----------------------------------|-------|--|-------------------------|---|--|---|---|---|--|---|
| C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2005 | | | | | | | | | | | Pres | sident | i | |
| 130 WAVERLY STREET | | | | | | Ame | ndme | nt, Date | of C | Original | Filed | (Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CAMBRIDGE MA 02139 | | | | | | | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tak | ole I - No | n-Deriva | ative | Se | curit | ies A | cqı | ıired, | Dis | osed o | f, o | r Ben | eficial | y Owne | t | | | |
| Date | | | | 2. Transa Date (Month/D | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transa Code (I 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | 5. Amor Securiti Benefic Owned Reporte | es ially Following | 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 | Transac (Instr. 3 | tion(s) | | | (111511.4) |
| Common Stock 02/02/ | | | | | | 5 | | | | M | | 7,000 |) | A | \$9.5 | 115,108 | | | D | |
| Common Stock 02/02/ | | | | | /2005 | 5 | | | | S ⁽¹⁾ | | 7,000 |) | D | \$10.5 | 2 10 | 8,108 | ,108 Г | | |
| Common Stock | | | | | | | | | | | | | | | | 8 | 8,084 | | I | 401(k) |
| | | • | Table II - | | | | | | | | | sed of, onvertil | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Day | Date, To | 4. Transaction Code (Instr. 8) | | of | | Exp | Date Exe piration onth/Day | Date | | Am Sec Und Der | 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | С | Code | v | (A) | (D) | Dat Exe | te ercisable | | Expiration Date | Title | | Amount or Number of Shares | r | | | | |
| Stock Option | \$9.5 | 02/02/2005 | | | M | | | 7,000 | 03/ | 14/1996 | (2) 1 | 2/13/2005 | | mmon tock | 7,000 | \$0 | 1,006,8 | 319 | D | |

Explanation of Responses:

- 1. Transaction made pursuant to Dr. Sato's company approved trading plan established under Rule 10b5-1.
- $2.\ Right to buy under 1994\ Stock\ and\ Option\ Plan,\ vesting\ quarterly\ over\ 5\ years\ from\ 12/14/1995.$

Remarks:

Michelle O. Rosen, Attorney-

02/03/2005

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.