Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	C. 20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

Name and Address of Reporting Person* Parini Michael							2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									ionship of Reporting all applicable) Director Officer (give title		son(s) to Iss 10% O Other (wner		
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 08/06/2020									below) below) below) EVP, Chief Adm, Leg & BD Off				Off		
50 NORTHERN AVENUE					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTON MA 02210															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	tate)	(Zip)																		
		Tab	le I -	Non-Deri	vative	e Sec	urit	ies A	cquir	ed, C	Disposed o	of, or E	enefic	ially	Owned	t					
1. Title of Security (Instr. 3)			2. Transacti Date (Month/Day		Executear) if any		eemed ution Date, ' th/Day/Year)		ction Instr.	4. Securities Disposed Of			. Benefi Owner		ies ially Following	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			ported nsaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock			08/06/20	020	20					1,223	A	\$155	155.57		28,061		D				
Common	Stock			08/06/20	020				S ⁽¹⁾		490	D	\$270.1	L3 ⁽²⁾⁽³⁾	27	27,571 D					
Common	Stock			08/06/20	020				S ⁽¹⁾		422	D	\$271.4	15 ⁽²⁾⁽⁴⁾	⁽⁴⁾ 27,149 D						
Common	Stock			08/06/20	020				S ⁽¹⁾		311	D	\$272.5	3(3)(5)	26,838 D						
		Т	able								sposed of				wned						
1. Title of Derivative Security (Instr. 3) Conversi or Exerci Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execu if any	eemed tition Date, th/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir	te Exer ation E th/Day/		7. Title a Amount Securiti Underly Derivati (Instr. 3	of es ing ve Secur and 4)	ity De	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	is Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numl of Share	ber							
Stock Option (Right to Buy)	\$155.57	08/06/2020			M			1,223	((6)	02/05/2028	Commo Stock	n 1,22	23	\$0.00	7,338		D			

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Mr.\ Parini's\ company-approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Open market sales reported on this line occurred at a weighted average price of \$270.13 (range \$269.73 to \$270.59).
- 3. Mr. Parini 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 \$271.45 (range \$270.94 to \$271.88).
- 5. Open market sales reported on this line occurred at a weighted average price of \$272.53 (range \$272.16 to \$272.86).
- 6. The option vests in 16 quarterly installments from 02/06/2018.

Remarks:

/s/ Sabrina Yohai, Attorney-in-

08/10/2020

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.