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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APF	PROVAL
MR Number:	3235 029

OMB Numbe	er: 3235-0287
Estimated av	verage burden
hours per res	sponse: 0.5

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	nd Address of v Amit	f Reporting Person [*]			2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
	<u>v 7 mm</u>				MA	VRTX]					-								
(Leet)	(6	irst)	(Middle)										X Officer (give title below)			Other (specify below)			
(Last)		RMACEUTICA	. ,		3. Date	of Earliest Trans	Day/Year)			SV	P, Global	Gov. S	Strategy						
INCORPORATED					07/19/2013														
130 WAY	VERLY ST.																		
					4. If Am	endment, Date o	f Original	Filed	(Month/Da	y/Year)		6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)												X	Form f	led by One	e Report	ting Persor	ı		
CAMBR	IDGE N	1A	02139										Form fi Persor		re than (One Repor	ting		
(City)	(S	State)	(Zip)																
		Tat	ole I - No	n-Deriv	ative S	ecurities Acc	quired,	Dis	oosed o	f, or Be	nefic	ially	Owned						
Da		2. Transa Date (Month/E		/Year) if any		3.4. SecuriTransactionDisposeCode (Instr.5)8)				4 and Securities Beneficially Owned Follow		es ally following	6. Owners Form: Dir (D) or Ind (I) (Instr. 4	Direct Indirect It. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) o (D)	r Pric	ce	Reported Transact (Instr. 3 a	ion(s)		ľ	Instr. 4)		
Common	Stock			07/19	/2013		М		7,000	A	\$3	3.28	35	,987	-	D			
Common	Stock			07/19	/2013		М		15,25) A	\$3	3.55	51	,237		D			
Common	Stock			07/19	/2013		S ⁽¹⁾		7,000	D	\$	588	44	,237		D			
Common Stock 07/19				/2013		S ⁽¹⁾		15,25) D	\$	589	28	,987		D				
Common Stock													8	82		I	401(k)		
						curities Acqu lls, warrants,							wned						
1. Title of Derivative 2. 3. Transaction Date 3A. Deemed Execution Date, T 4				ransaction ode (Instr	n of	6. Date Expiration (Month/Da	n Date		7. Title ar of Securi Underlyin Derivativ	ties 1g	S	. Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial	s l	10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownershi			

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deri Sec Acq (A) o Disp of (I	umber vative urities uired or oosed D) (Instr. and 5)	6. Date Exerc Expiration Da (Month/Day/)	ate	7. Ittle and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$33.28	07/19/2013		М			7,000	(2)	07/15/2019	Common Stock	7,000	\$0.00	9,500	D	
Stock Option	\$33.55	07/19/2013		М			15,250	(2)	02/04/2019	Common Stock	15,250	\$0.00	15,250	D	
Explanatio	n of Respons	ses:	,												

1. Transaction made pursuant to Mr. Sachdev's company approved trading plan under Rule 10b5-1.

2. Fully vested.

Remarks:

Kenneth L. Horton, Attorney-

In-Fact

07/23/2013

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.