FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

Washington, D.C. 20549	OMB .
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Numbe

	OMB APPROVAL								
SHIP	OMB Number: Estimated average bure	3235-0287							
	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* Bozic Carmen (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE (Street) BOSTON MA 02210						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2023 4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Marcology					pplicable
(City)	(Sta		ip)		41			•		D:					. 0	1			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) Common Stock 02/17/20			2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transa Code (8) Code	ection Instr.	A. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) Amount (A) or (D) Pri 3,750 D \$2		red (A) o str. 3, 4 a r Price	er and	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) Execution Date,		tion Date,	4. Transaction Code (Instr. 8)		of	ired r osed : 3, 4	Expiration D. (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		t		9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)	Date Exercisable		Expiration Date	Title	Numbe of Shares	r					

Explanation of Responses:

Remarks:

/s/ Christiana Stevenson, Attorney-in-Fact

02/22/2023

** 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.