FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
	O 1111121101111

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1	.93
or Section 30(h) of the Investment Company Act of 1940	

1. Name and Address of Reporting Person* <u>LEIDEN JEFFREY M</u>							2. Issuer Name <b>and</b> Ticker or Trading Symbol  VERTEX PHARMACEUTICALS INC /  MA [ VRTX ]										o of Reporting dicable) ctor	g Pers	on(s) to Is	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS					Date of Earliest Transaction (Month/Day/Year)									X	Officer (give title below)  CEO & Pr			Other (specify below)		
INCORPORATED					02/0	02/05/2020														
50 NORTHERN AVENUE					4 If	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) BOSTON MA 02210					4. II Amendment, Date of Original Flied (World Day) Teal)									ine)					on	
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Noi	n-Deriva	ative	Sec	uritie	s Ac	quired,	Dis	posed o	f, o	r Ben	efici	ally (	Owne	ed			
Date					h/Day/Year) it		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				and Secu		cially I 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)	Pric	e	Transaction(s) (Instr. 3 and 4)				(111311. 4)			
Common Stock 02/05.					/2019	2019					50,566	(1)	A	\$0	.00	156,912			D	
Common Stock 02/05/					2019				A		28,444	(2)	A	\$0.00		185,356			D	
Common Stock 02/0					/2019				A		31,462	(3)	A	\$0.00		216,818			D	
Common Stock															440			I	401(k)	
		Та									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rities ired osed . 3, 4	6. Date E Expiratio (Month/D	n Dat	Amount of Securities Underlying Derivative Security (Instr. and 4)		ıstr. 3			e derivative	Ov Fo Dii or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code						Expiration Date	or Number of Title Shares								

## **Explanation of Responses:**

- 1. Represents earned performance shares with respect to a performance stock unit award granted on 02/03/2017 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/05/2020 and the shares will vest on 02/10/2020.
- 2. Represents earned performance shares with respect to a performance stock unit award granted on 02/06/2019 that contained performance-vesting requirements. The issuer's management development and  $compensation\ committee\ certified\ as\ to\ the\ level\ of\ performance-goal\ attainment\ on\ 02/0\bar{5}/2020\ and\ the\ shares\ will\ vest\ in\ installments\ beginning\ on\ 02/24/2020.$
- 3. Restricted stock unit award that will vest pursuant to his employment agreement upon Dr. Leiden's transition from CEO.

## Remarks:

/s/ Omar White, Attorney-in-Fact

02/07/2020

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.