SEC For	rm 4 FORM	4 U		D STAT	ES	SEC	UR	ITIE	S AN	D E	XCHAN	IGE	CON	MMIS	SSIO	N				
						Washington, D.C. 20549											OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See					IT OF CHANGES IN BENEFICIAL OWNI									ERS	HIP	Estin		er: : verage burde esponse:	3235-0287 en 0.5	
Instruc	tion 1(b).			Filed	pursua or Se	ant to S ection 3	Sectio 30(h)	n 16(a) of the li	of the S vestme	ecurit nt Co	ies Exchang mpany Act o	e Act of f 1940	1934							
1. Name and Address of Reporting Person* <u>Arbuckle Stuart A</u>					2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]									k all app Direc Office	licable) tor er (give title	10% Ow ive title Other (sp				
	(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED				3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023										belov	,	P, CO	below)		
50 NORTHERN AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) BOSTO	(Street) BOSTON MA 02210													Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (.	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	ritie	s Acq	uired,	, Dis	posed of	, or B	enefi	icially	/ Own	ed				
1. Title of Security (Instr. 3) Date (Month/Da				Execution Date,			3. Transaction Code (Instr. 8)					and Securities Beneficia Owned Fo		ties cially I Following	Form (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) c (D)	r Pr	ice		ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 02/01					.023				A		12,388(1) A	\$	\$0.00 70,42		0,419		D		
Common Stock 02/01/					.023				A		14,624(2) A	A \$0.00 8		5,043		D			
Common Stock 02/01/2					023			A		11,209(3)	09 ⁽³⁾ A		60.00	96,252			D			
Common Stock																140		Ι	401(k)	
		Та	ble II -	Derivati (e.g., pu	ve Se	ecurit	ties varr	Acqu	ired, I optio	Disp ns. c	osed of, o	or Bei le sec	nefic uriti	ially (es)	Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execut if any	<u> </u>	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		isable and ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price o Derivative Security (Instr. 5) tr.		9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi t (Instr. 4)	
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Amour or Numbe of Title Shares		er						

Explanation of Responses:

1. Represents earned performance shares with respect to a performance stock unit award granted on 02/05/2020 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/01/2023 and the shares will vest on 02/13/2023.

2. Represents earned performance shares with respect to a performance stock unit award granted on 02/01/2022 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/01/2023 and the shares will vest in installments beginning on 02/24/2023.

3. Restricted stock unit award that vests in installments beginning on 02/10/2024.

Remarks:

/s/ Christiana Stevenson, Attorney-in-Fact

02/03/2023

** 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.