FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |

0.5

hours per response:

| Check this box if no | longer subject to |
|----------------------|-------------------|
| Section 16. Form 4 | or Form 5 |
| obligations may cor | ntinue. 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* BOGER KENNETH S | | | | | V | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | k all applica Director | or | | 10% Ow | er | |
|--|---|--|--|---------|------------------------------|--|---------|-----------------------------------|-------------------|---|----------------------|---|--------------------------------|---|--|---|------------|--|--|--|
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/02/2006 | | | | | | | | | X Officer (give title below) Other (specify below) SVP & General Counsel 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) CAMBRIDGE MA 02139 (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) |) | | | | | |
| | | | ble I - No | n-Deriv | vativ | e Se | curitie | s Ac | auired. | Dis | posed of | f. or Be | enefic | ially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Tran: Date | | | | | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) | | | or - | 5. Amount of Securities Beneficially Owned Following | | Form: | Direct III | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Reported Transact (Instr. 3 a | ion(s) | | (| Instr. 4) | |
| Common | Stock | | | 02/0 | 2/200 | /2006 | | A | | 12,200 | (1) A | \$ | 0.01 | 105,529 | | | D | | | |
| Common | Common Stock | | | | | | | | | | | | | 3,8 | 3,895 | | | shares 401(k) | | |
| Common Stock | | | | | | | | | | | | | | | 1,000 | | | I d | shares owned oy minor children | |
| | | | Table II - | | | | | | , | | osed of, onvertib | | | • | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | of E | | Expiration | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 7. Title and Ai of Securities Underlying Derivative Sec (Instr. 3 and 4 | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | i ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | C | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amo or Num of Shai | nber | | | | | | |
| Stock Option | \$35.64 | 02/02/2006 | | | A | | 73,500 | | 05/02/2000 | 6(2) | 02/01/2016 | Commo | ¹ 73, | 500 | \$0 | 338,94 | 5 | D | | |

Explanation of Responses:

- 1. Stock grant made under 1996 Stock and Option Plan, vesting on 2/2/2010, subject to acceleration upon achievement of certain performance-based milestones.
- 2. Right to buy under 1996 Stock and Option Plan, vesting in 16 equal quarterly installments from 02/02/2006.

Remarks:

Valerie L. Andrews, Attorney-

02/06/2006

** 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.