SEC F	orm 4
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FORM 4

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)
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 APPROVAL									
OMB Number:	3235-0287								
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hours per response:	0.5
Estimated average burden	

1. Name and Address of Reporting Person* BOGER JOSHUA S			2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /	(Check	ionship of Reporting Person(s) to Issuer all applicable)		
(Last) (First) (Middle)			<u>MA</u> [vrtx]	X	Director Officer (give title below)	10% Owner Other (specify below)	
C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET		ALS	3. Date of Earliest Transaction (Month/Day/Year) 09/30/2009				
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	ividual or Joint/Group Filing (Check Applicable		
(Street)				X	Form filed by One Report	ing Person	
CAMBRIDGE	MA	02139			Form filed by More than C Person	One Reporting	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr.			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	09/30/2009		М		6,400	A	\$13.11	1,072,795	D		
Common Stock	09/30/2009		S ⁽¹⁾		5,600	D	\$37.6 ⁽²⁾⁽⁴⁾	1,067,195	D		
Common Stock	09/30/2009		S ⁽¹⁾		800	D	\$38.04 ⁽³⁾⁽⁴⁾	1,066,395	D		
Common Stock								13,286	I	401(k)	
Common Stock								207,500	I	Shares in trust ⁽⁵⁾	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transa Code (8)		5. Number of Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year)		ate	Amount of		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 Options	\$13.11	09/30/2009		М			6,400	(6)	12/01/2009	Common Stock	6,400	\$0	51,174	D	

Explanation of Responses:

1. Transaction made pursuant to Dr. Boger's company approved trading plan established under Rule 10b5-1.

2. Open market sales reported on this line occurred at a weighted average price of \$37.60 (range \$37.06 to \$37.99).

3. Open market sales reported on this line occurred at a wieghted average price of \$38.04 (range \$38.00 to \$38.11).

4. Dr. Boger undertakes to provide (upon request by the SEC staff, the issuer or a security holder of the issuer) full information regarding the number of shares sold at each separate price.

5. Shares held in trust for Dr. Boger's children. Dr. Boger disclaims beneficial ownership of such shares.

6. Fully vested.

Remarks:

<u>Valerie L. Andrews, Attorney-</u> <u>In-Fact</u> 10/02/2009

** 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.