FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| | tion 1(b). | ide. dee | | Filed | | | | | | | es Exchang npany Act o | | 1934 | | liours | s per r | esponse: | 0.5 |
|---|---|--|--|--------------------|---|--|---|-------------------------------------|--------------------|--|---|--|--|--|------------|---------------------------------------|--|--|
| 1. Name and Address of Reporting Person* Bozic Carmen (Last) (First) (Middle) | | | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] 3. Date of Earliest Transaction (Month/Day/Year) 09/19/2023 | | | | | | | | | 5. Relationship of Reportii (Check all applicable) Director X Officer (give title below) EVP all | | | ng Person(s) to Issue 10% Owne Other (spe- below) nd CMO | |
| C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | ine) X Fo | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| BOSTON (City) | | | 2210 Zip) | | Rule 10b5-1(c) Transaction Indication X Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or B | enefic | ially Ow | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Execution | | Deemed cution Date, y nth/Day/Year) | | Transaction Dispose Code (Instr. 5) | | Disposed (| ties Acquired (A l Of (D) (Instr. 3, | | and Secu Bend Own | nount of irities eficially ed Following | For (D) | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code | v | Amount | (A) o (D) | Price | Tran | eported ransaction(s) nstr. 3 and 4) | | | (Instr. 4) | | |
| Common Stock 09/19/ | | | | 2023 | | S ⁽¹⁾ | | 5,651 | D | \$3 | 51 | 51,905 | | D | | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | ed | | | |
| 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) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | Expirati | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. Price of Derivativ Security (Instr. 5) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | | or Number of Shares | | | | | | | |

Explanation of Responses:

 $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Bozic's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1,\ which\ was\ entered\ into\ on\ 05/30/2023.$

Remarks:

/s/ Christiana Stevenson, Attorney-in-Fact

** Signature of Reporting Person Date

09/21/2023

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.