FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| vasnington, | D.C. 20549 | |
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| | OMB APPROVAL | | | | | | | | | |
|---|-------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| - | Estimated average | hurden | | | | | | | | |

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

hours per response: 0.5

| Name and Address of Reporting Person* Sachdev Amit | | | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|--|---|---------|---------|---|--|--|---|--|--|----------------------|----------|---------------------|--|---|--|---------------------------------------|------------------|--------|-------------|
| (Last) | (Fi | rst) (I | Middle) | | | | | | | | | | _ | Λ | below | | | below) | . , |
| C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2022 | | | | | | | | | | | i, cinci i | uuci | nt Officer | | |
| 50 NORTHERN AVENUE | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | N M | A 0 | 2210 | | | | | | | | | | | | | filed by On filed by Mo | | • | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | Date | 2. Transaction Date (Month/Day/Year) 2. Deemed Execution Date, if any (Month/Day/Year) | | 3. 4. Securitie Transaction Code (Instr. 8) 5, | | | | 4 and Secur Benef | | cially Following | Forn | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Price | т | Transa | action(s) 3 and 4) | | | (111501. 4) |
| Common Stock 02/ | | | 02/10/2 | :022 | | | F | | 2,491 | D | \$237.74 | | 59,075 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | 882 | | I | 401(k) | |
| Common Stock | | | | | | | | | | | | | 15 | 5,573 | | I | Held in Trust | | |
| 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. 8) Begin and the control of Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) Amoun or Numbe of Title Shares | | 1 | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

Remarks:

/s/ Sabrina Yohai, Attorney-in-02/14/2022

Fact

** 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.