Instruction 1(b).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Variables many in Pachage						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Kewalramani Reshma						MA [VRTX]								X	X Director			10% Ov	vner
(Last)	(Fir	rst) (M	/liddle)			- L		,						X	Office below	er (give title /)		Other (s	specify
C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 02/24/2021										CEO &	Presi	dent	
50 NORTHERN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														ine)	Form filed by One Reporting Person				
BOS101	BOSTON MA 02210														Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	ľip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution Date,			Transaction Disposed C			es Acquired (A) of (D) (Instr. 3, 4		nd Securit Benefic		ties Fo cially (D d Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(111511. 4)
Common Stock 02/24/20					021				F		2,898	D	\$21	7.57	57 63,643			D	
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)	tive Conversion Date Executity or Exercise (Month/Day/Year) if any		emed tion Date, n/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		t			y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	of Shares						

Explanation of Responses:

Remarks:

/s/ Sabrina Yohai, Attorney-in-02/26/2021

** 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.