FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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* Connolly Thomas							2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]								5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director 10% Ow Officer (give title Other (s)				wner	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 11/05/2014									X Officer (give title Other (specify below) SVP, Human Resources					
50 NORTHERN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOSTON MA 02210					_									X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip)																			
		Tab	le I - I	Non-Deri	vativ	Sec	uriti	es A	cquir	ed, C	Disposed (of, or B	enefic	ially	Owne	d				
Date				2. Transacti Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5)		ies cially Following	Form (D) o	n: Direct r Indirect estr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)		
Common	11/05/2014				M		937	A	\$45	.11	35	5,832		D						
Common Stock				11/05/2014				S ⁽¹⁾		637	D	\$112.0	7(2)(3)	35	5,195		D			
Common Stock				11/05/2014				S ⁽¹⁾		200	D	\$113.1	\$113.13 ⁽³⁾⁽⁴⁾		34,995		D			
Common Stock 11/				11/05/20	014				S ⁽¹⁾		100	D	\$114	\$114.31		34,895		D		
Common Stock														150		I	401(k)			
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)	Execu if any	eemed ition Date,	4. Transa	5. Nu saction of		mber vative crities cired r osed)	ber 6. Date Ex Expiration (Month/Dai ed		cisable and	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Securities Gwned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (right to buy)	\$45.11	11/05/2014			M			937	(5	5)	02/04/2023	Commor Stock	937	,	\$0.00	8,438		D		

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Mr.\ Connolly's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Open market sales reported on this line occurred at a weighted average price of \$112.07 (range \$111.69 to \$112.46).
- 3. Mr. Connolly 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.
- 4. Open market sales reported on this line occurred at a weighted average price of \$113.13 (range \$112.89 to \$113.37).
- 5. The option vests in 16 quarterly installments from 02/05/2013.

Remarks:

Omar White, Attorney-In-Fact 11/07/2014

** 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.