#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Numb	er: 3235	-028						

37 Estimated average burden hours per response: 0.5

# Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

1. Name and Add	dress of Reporting Po	erson*	VER	er Name <b>and</b> Ticke RTEX PHARI [ VRTX ]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner			
(Last)	(First)	(Middle)		[ VICIA ]					X	Officer (give title below)	Other below	(specify )
C/O VERTEX PHARMACEUTICALS INCORPORATED			3. Date 06/01	e of Earliest Transa /2017	ction (M	onth/[	Day/Year)		EVP, CF	O & COO		
50 NORTHEI	RN AVENUE		4. If Ar	mendment, Date of	Original	Filed	(Month/Day/Y	ear)	6. Indi	vidual or Joint/Group	Filing (Check A	pplicable
(Street) BOSTON	MA	02210							X	Form filed by One Form filed by Mor Person	-	
(City)	(State)	(Zip)								reisun		
		Table I - No	n-Derivative S	Securities Acq	uired,	Dis	posed of, o	or Ben	eficially	Owned		
		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			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 Stoc	k		06/01/2017		M		37,383	A	\$45.11	163,621	D	
Common Stoc	k		06/01/2017		М		18,124	A	\$48.74	181,745	D	
Common Stoc	k		06/01/2017		М		23,789	A	\$37.86	205,534	D	
Common Stoc	k		06/01/2017		М		9,062	A	\$51.75	214,596	D	
Common Stoc	k		06/01/2017		М		10,195	A	\$38.8	224,791	D	
Common Stoc	k		06/01/2017		S <sup>(1)</sup>		98,553	D	\$124	126,238	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)	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)		of Deri Seci Acq (A) ( Disp of (E	umber vative urities uired or oosed o) (Instr. and 5)	6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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 Option (Right to Buy)	\$45.11	06/01/2017		M			37,383	(2)	02/04/2023	Common Stock	37,383	\$0.00	0	D	
Stock Option (Right to Buy)	\$48.74	06/01/2017		M			18,124	(2)	07/24/2022	Common Stock	18,124	\$0.00	0	D	
Stock Option (Right to Buy)	\$37.86	06/01/2017		M			23,789	(2)	02/01/2022	Common Stock	23,789	\$0.00	0	D	
Stock Option (Right to Buy)	\$51.75	06/01/2017		M			9,062	(2)	07/12/2021	Common Stock	9,062	\$0.00	0	D	
Stock Option (Right to Buy)	\$38.8	06/01/2017		M			10,195	(2)	02/02/2021	Common Stock	10,195	\$0.00	0	D	

#### **Explanation of Responses:**

Common Stock

- 1. Transaction made pursuant to Mr. Smith's company approved trading plan under Rule 10b5-1.
- 2. Fully vested.

# Remarks:

5,306

401(k)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.