SEC For	rm 4 FORM	4 U	NITE		ſES	SEC	URITIE		ND I	EXCHAN	IGE C	юмі	MISSIC	DN				
		Washington, D.C. 20549										OMB APPROVAL						
biological contractions and the second secon					Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								RSHIP	Estimated average burden			3235-0287 en 0.5	
													hours per response: 0.					
1. Name and Address of Reporting Person <sup>*</sup> LEIDEN JEFFREY M					2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]								Check all ap		10% Owner give title Other (spec			
	(Fi RTEX PHA PORATED		3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023								X belo	ow)		below) hairman				
50 NORTHERN AVENUE					Line							ne)						
(Street) BOSTO	BOSTON MA 02210													X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St	ate) (	Zip)															
		Table	I - N	on-Deriva	tive	Secur	ities Ac	quired	d, Di	sposed of,	, or Be	nefici	ally Ow	ned				
Da				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		. 3, 4 an	4 and 5) Securities Beneficial Owned For Reported		ing (I)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(D)	Price		. 3 and 4)				
Common Stock				02/01/2023				A		31,462 <sup>(1)</sup>	A	\$ <mark>0.(</mark>	00	33,885		D		
Common Stock				02/01/2023				A		34,890 <sup>(2)</sup>	A	\$0.0	00	58,775		D		
Common Stock				02/01/2023				A		10,226 <sup>(3)</sup>	Α	\$ <mark>0.</mark> (	00	79,001		D		
Common Stock				02/02/2023				F		3,578	D	\$317	.83	75,423		D		
Common Stock														440		Ι	401(k)	
		Та	ble II							oosed of, o convertibl				əd				
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exer Expiration D (Month/Day/		cisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price o Derivative Security (Instr. 5)	e derivati Securit Benefic Owned Followi Reporte	tive ties cially ing ted ction(s)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Benefic Owners (Instr. 4	
	1										A	mount	1	1		1	1	

Explanation of Responses:

1. Represents earned performance shares with respect to a performance stock unit award granted on 02/05/2020 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/01/2023 and the shares will vest on 02/13/2023.

(A) (D)

Date

Exercisable

Expiration

Date

2. Represents earned performance shares with respect to a performance stock unit award granted on 02/01/2022 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/01/2023 and the shares will vest on 02/24/2023.

3. Restricted stock unit award that fully vested upon grant.

Remarks:

<u>/s/ Christiana Stevenson,</u> <u>Attorney-in-Fact</u>

Number of Shares

Title

02/03/2023

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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).

Code V

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.