FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person*     Silva Paul M							2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]								all applic		g Perso	on(s) to Iss 10% Ow Other (s	ner
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 10/27/2014								X	below)	SVP & Corp C		below)  Controller	
50 NORTHERN AVENUE  (Street)  BOSTON MA 02210					4.1	Line) X Form filed											nt/Group Filing (Check Applicable d by One Reporting Person d by More than One Reporting		
(City)	(S:		(Zip)	Non Dori						-d D	ionood a		onoficio		0				
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye					on	2A. De Execu if any (Month	emed tion D	ate,	3.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		(A) or	uly (	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		Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 10/				10/27/20	014	4			M		1,125	A	\$48.74	\$48.74		18,125		D	
Common Stock 10/27/20					014	.4					119	D	\$108.54 <sup>(</sup>	2)(3)	18	,006	D		
Common Stock 10/27/2				014	14					490	D	\$109.43 <sup>(</sup>	3)(4)	17,516			D		
Common Stock 10/27/201				014	.4			S <sup>(1)</sup>		229	D	\$110.6 <sup>(3)(5)</sup>		17,287			D		
Common Stock 10/27/201					014	4			S <sup>(1)</sup>		287	D	\$111.21 <sup>(3)(6)</sup>		17,000			D	
Common Stock															169			I 4	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, h/Day/Year)	4. Transa Code ( 8)	action	5. Number of		6. Dat		cisable and	7. Title a Amount Securiti Underly	and of es ing ve Security	De Se	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	de V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$48.74	10/27/2014						1,125	(	7)	07/24/2022	Commo: Stock	1,125	:	<b>\$</b> 0.00 7,875			D	

## **Explanation of Responses:**

- 1. Transaction made pursuant to Mr. Silva's company approved trading plan under Rule 10b5-1.
- $2. Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$108.54 \ (range \ \$107.93 \ to \ \$108.83).$
- 3. Mr. Silva 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.
- $4. \ Open \ market \ sales \ reported \ on this line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$109.43 \ (range \ \$108.96 \ to \ \$109.93).$
- $5. \ Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \$110.60 \ (range \$110.00 \ to \$110.95).$
- 6. Open market sales reported on this line occurred at a weighted average price of \$111.21 (range \$111.00 to \$111.64).
- 7. The option vests in 16 quarterly installments from 07/25/2012.

## Remarks:

Paul M. Silva

10/29/2014

\*\* Signature of Reporting Person

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.