FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFIC	IAL OWNERS	SHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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 Address of Reporting Person* BOGER JOSHUA S			V	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]								(Check all applicable) X Director Officer (give to			10% Owner ve title Other (spec		ner		
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2016									below)			below)		
(Street) BOSTON MA 02210				- 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S		(Zip)		<u> </u>							, _				-			
1. Title of Security (Instr. 3)		2. Transac Date	ransaction 2A. e Exempth/Day/Year) if a		2A. Deemed Execution Date,		3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		(A) or	5. Amour		nt of es ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct of the di	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reported		d tion(s)	.,,		Instr. 4)	
Common Stock		02/10/2	0/2016				M		5,130	A	\$35.3	35	270	0,414)			
Common Stock		02/10/2	02/10/2016				S ⁽¹⁾		1,330	D	\$81.65	5(2)(3) 269		9,084)			
Common Stock		02/10/2016					S ⁽¹⁾		2,400	D	\$82.64	54 ⁽²⁾⁽⁴⁾ 266		5,684	I)			
Common Stock		02/10/2016					S ⁽¹⁾		1,400	D	\$83.34	34 ⁽²⁾⁽⁵⁾ 265		5,284)			
Common	Stock														13,286			I 4	401k
Common Stock												12		122,700		ı S	Common Stock Held In Trust		
		Т	able II								posed of converti				wned				
Derivative Conversion Date Execurity or Exercise (Month/Day/Year) if a		if any	tion Date, Trans		ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or oosed o) tr. 3, 4	6. Date Exercisable Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	wnership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares						
Stock Option (Right to Buy)	\$35.35	02/10/2016			M			5,130	(6))	07/19/2016	Common Stock	5,130		\$0.00	107,74	0	D	

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Boger's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Dr. Boger 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.
- $3. \ Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \$81.65 \ (range \$81.05 \ to \$81.92).$
- $4. Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \$82.64 (range \$82.12 \ to \$83.04).$
- 5. Open market sales reported on this line occurred at a weighted average price of \$83.34 (range \$83.12 to \$83.73).
- 6. Fully vested.

Remarks:

Omar White, Attorney-In-Fact 02/12/2016

** 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.