FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL
1	OMB Number:	3235-0287
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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

					$\overline{}$																		
Name and Address of Reporting Person* BOGER JOSHUA S							2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DOOL	CJOSIIC	M	MA[VRTX]										Director		10% Owner		ner						
(Last) (First) (Middle)																	(give title		Other (specification)	pecify			
C/O VERTEX PHARMACEUTICALS INCORPORATED							3. Date of Earliest Transaction (Month/Day/Year) 09/19/2006										Presiden	t & C	CEO				
130 WAV	ERLY STI	REET		A 16 Amondon and Data of Original Filled (Abouth Sp. 27										6 Individual or Jaint/Croup Filing (Chagk Applicable									
(Street)		- 4. '	4. If Amendment, Date of Original Filed (Month/Day/Year)										. Individual or Joint/Group Filing (Check Applicable ine)										
CAMBRIDGE MA 02139																X Form filed by One Reporting Person Form filed by More than One Reporting							
																Person				3			
(City)	(3		(Zip)																				
		Tal	ble I - No	n-Deriv	/ativ	e Se	ecuri	ties A	cquire	ed, [Dis	posed o	f, or Be	nefic	ially	Owned							
Dat					2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			I and 5) Securition Benefici Owned I		s	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Co	de	v	Amount	(A) o	Pric	e	Reported Transact (Instr. 3 a	ion(s)	.,.	. (Instr. 4)			
Common	Stock	9/200	/2006			N	1		11,000) A	\$1	5.56	1,04	6,403		D							
Common	Stock			09/19	9/200)6			S(1)		11,000) D	\$3	2.47	1,03	5,403	,403 D					
Common Stock																207	,500			shares in rust ⁽²⁾			
Common Stock																15,	15,979		I 4	101(k)			
			Table II -	Deriva	tive	Sec	uriti	es Acc	uired	l, Di	spo	sed of,	or Ben	eficia	lly C	Owned			<u>'</u>				
				(e.g., p	outs,	, call	ls, w	arrant	s, opt	ions	s, c	onvertib	le secu	ırities	5)								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr. 8)		of Deri Sec Acq (A) Disp of (I	umber vative urities uired or posed O) (Instr. and 5)	6. Date Expira (Monti	tion [Date	ble and	7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 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)			
				C	Code	v	(A)	(D)	Date Exerci	sable		Expiration Date	Title	Amo or Num of Shar	ber								
Stock	\$15.56	09/19/2006			M		11,000 03		03/12/	1997 ⁽⁾	3)	12/11/2006	Common	11,0	000	\$0 2,048,5		31	D				

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Dr.\ Boger's\ company\ approved\ trading\ plan\ established\ under\ Rule\ 10b5-1.$
- 2. Shares held in trust for Dr. Boger's children. Dr. Boger disclaims beneficial ownership of such shares.
- 3. Right to buy under 1994 Stock and Option Plan, vesting quarterly over 5 years from 12/12/1996.

Remarks:

Valerie L. Andrews, Attorney-

In-Fact

** Signature of Reporting Person

Date

09/20/2006

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.