FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPE	ROVAL
	OMB Number:	3235-0287
l	Estimated average bu	ırden

0.5

hours per response:

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* Silva Paul M						2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]									Check a	ll app	o of Reportin dicable) etor er (give title	g Pers	10% C	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019									X Officer (give title Officer (Special below) SVP & Controller					
50 NORTHERN AVENUE  (Street)  BOSTON MA 02210  (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individue) X	· '				
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Acc	quired,	Dis	posed o	f, or	Ben	eficia	ally O	wne	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Ad Disposed Of (D			es Acquired (A) o Of (D) (Instr. 3, 4			and 5) Secu Bene		cially I Following	Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	unt (A)		Price	Trans		saction(s) : 3 and 4)			(3 4)			
Common	Stock	2019	2019		S <sup>(1)</sup>		161		D	\$165.41		17,759			D					
Common Stock															169			I	401(k)	
		Та									sed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execut ity or Exercise (Month/Day/Year) if any			ned 4. Transac Code (I Pay/Year) 8)		etion of Dei		osed ) :. 3, 4	6. Date Exercisab Expiration Date (Month/Day/Year)		e Amount o		unt of irities erlying vative irity (In	str. 3	8. Prio Deriva Secur (Instr.	itive ity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)			Expiration Date	Title	or Nui of	ount mber ares						

## Explanation of Responses:

1. Transaction made pursuant to Mr. Silva's company-approved trading plan under Rule 10b5-1.

## Remarks:

/s/ Omar White, Attorney-in-Fact 05/17/2019

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.