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
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* MCGLYNN MARGARET G							2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]								5. Relationship of (Check all applic X Directo Officer below)		g Pers	on(s) to Iss 10% Ov Other (s below)	vner		
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE							3. Date of Earliest Transaction (Month/Day/Year) 08/03/2015														
- ON NORTHERN AVENUE							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BOSTO	N M	IA 02210												X		led by More		rting Person One Repor			
(City)	(S	tate)	(Zip)																		
		Tab	le I - I	Non-Der	ivativ	e Sec	curities	s Ac	cquire	ed, D	isposed o	f, or B	enefic	cially	Owned						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					Exec if any	eemed ution Date th/Day/Ye			ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficia Owned F		es ially Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Ì	Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock 08/03/2					2015)15			M		12,500	Α	\$57	7.27		3,588		D			
Common Stock 08/03/20					2015	15			S ⁽¹⁾	П	3,200	D	\$136.	\$136.49 ⁽²⁾⁽³⁾		10,388		D			
Common Stock 08/03/201					2015	15			S ⁽¹⁾		6,500	D	\$137.26 ⁽³⁾⁽⁴⁾		3,888			D			
Common Stock 08/03/203					2015	15			S ⁽¹⁾		2,700	D	\$138.22(3)(5)		1,188			D			
Common Stock 08/03/201					2015	.5			S ⁽¹⁾		100	D	\$138.98		1,088			D			
		-	Table								sposed of,				wned						
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		6. Date Exer Expiration D (Month/Day/		ate	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se	Price of erivative ecurity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	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	cisable	Expiration Date	Title	Amo or Num of Shar	ber	per						
Stock Option (right to buy)	\$57.27	08/03/2015			M		12,500		((6)	05/11/2021	Commo Stock	ⁿ 12,5	500	\$0.00	12,500)	D			

Explanation of Responses:

- 1. Transaction made pursuant to Ms. McGlynn's company approved trading plan under Rule 10b5-1.
- 2. Open market sales reported on this line occurred at a weighted average price of \$136.49 (range \$135.89 to \$136.88).
- 3. Ms. McGlynn 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 \$137.26 (range \$136.91 to \$137.90).
- 5. Open market sales reported on this line occurred at a weighted average price of \$138.22 (range \$137.94 to \$138.92).
- 6. Fully vested.

Remarks:

08/05/2015 Omar White, Attorney-In-Fact

** Signature of Reporting Person

Date

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.