FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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* Sachdev Amit (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED					2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2021									(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) EVP, Chief Patient Officer					
50 NOR (Street) BOSTO		A 0	02210 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)) X Form Form	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or	Bene	ficia	lly Own	ed				
1. Title of Security (Instr. 3)			2. Transac Date (Month/Da	ction 2A. I Exec		A. Deemed kecution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			A) or	5. Amo Securi Benefi Owned	ount of ties cially I Following	Form: Direct		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A	() or ()	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			12/08/2	2020				G	v	3,391		D	\$0.00) 7	7,368			Held in trust	
Common	Stock		2021				A		10,126(1)	A	\$0.00) 4	48,472		D				
Common	Stock			02/03/2	2021				A		10,324(2)	A	\$0.00) 5					
Common	Stock			02/03/2	2021				A		11,627 ⁽³⁾)	A	\$0.00) 7					
Common	Stock															882		I	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)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispe	r osed) r. 3, 4	6. Date Expirati (Month/	ion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Title Share		estr.	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Represents earned performance shares with respect to a performance stock unit award granted on 02/06/2018 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/03/2021 and the shares will vest on 02/17/2021.
- 2. Represents earned performance shares with respect to a performance stock unit award granted on 02/05/2020 that contained performance-vesting requirements. The issuer's management development and compensation committee certified as to the level of performance-goal attainment on 02/03/2021 and the shares will vest in installments beginning on 02/10/2021.
- 3. Restricted stock unit award that vests in installments beginning on 02/17/2022.

Remarks:

/s/ Sabrina Yohai, Attorney-in-

02/05/2021

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.