SEC Fo	rm 4
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Sachdev Amit

**INCORPORATED** 

(Last)

(City)

FORM 4	
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## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

	Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	
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1. Name and Address of Reporting Person

## STATEMENT OF CHANGES IN B

Filed pursuant to Section 16(a) of the Sec or Section 30(h) of the Investment

02/03/2011

IT OF CHANGES IN BENEFICIAL OWNE	RSH	IP	OMB Number: Estimated average hours per response		
or Section 30(h) of the Investment Company Act of 1940		L			1
2. Issuer Name and Ticker or Trading Symbol <u>VERTEX PHARMACEUTICALS INC /</u> <u>MA</u> [ VRTX ]	(Check	ionship of Re all applicable Director Officer (give	1	) to Issuer .0% Owner Other (specify	
	X	below)		pelow)	
3. Date of Earliest Transaction (Month/Day/Year)		SVP, Corj	p Affairs & Pub	) Policy	

Person

Line)

X

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Form filed by More than One Reporting

130 WAVERLY STREET (Street)

02139 CAMBRIDGE MA

(First)

C/O VERTEX PHARMACEUTICALS

(Middle)

(Zip)

(State)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

4. If Amendment, Date of Original Filed (Month/Day/Year)

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	02/03/2011		A		10,166 <sup>(1)</sup>	A	\$0.01	44,126	D	
Common Stock								410	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate of Securities		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$38.8	02/03/2011		A		45,750		05/03/2011 <sup>(2)</sup>	02/02/2021	Common Stock	45,750	\$0	45,750	D	

Explanation of Responses:

1. Stock grant under 2006 Stock and Option Plan, vesting on 2/3/2015, subject to (i) earlier acceleration of 50% of shares upon (A) receiving U.S. and E.U. marketing approval for VX-770 or (B) reaching specified telaprevir sales levels during 18 months following its U.S. launch; and (ii) earlier acceleration of 50% of shares upon (1) acceptance by the FDA of an NDA for a treatment regimen that includes telaprevir and VX-222; (2) initiation of a pivotal trial for a drug candidate for which the Company has U.S. commercialization rights in an indication that is not HCV infection or CF; or (3) reaching specified telaprevir sales levels during 18 months following its U.S. launch.

2. Right to buy under 2006 Stock and Option Plan, vesting in 16 quarterly installments from 02/03/2011.

Remarks:

Valerie L. Andrews, Attorney-

In-Fact

02/07/2011

\*\* 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.