Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* Ambrose Kristen (Last) (First) (Middle)					2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]										tionship of Reporting all applicable) Director Officer (give title below)		ng Pe	10% Owner Other (specify below)			
C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 04/25/2022									SVP & Chief Accounting Officer						
50 NORTHERN AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTON MA 02210															X Form filed by One Reporting Person Form filed by More than One Reporting Person					- 1	
(City)	(Sta	te) (Z	Zip)																		
		Table	I - I	Non-Deriva	tive	Secu	rities	Ac	qui	red, C	Disp	posed (of, or	Benefi	cially	Own	ed				
Da				2. Transaction Date (Month/Day/Ye	Execution		on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				d 5) Securi Benefi		cially d Following	Forr (D) (Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								C	Code	v	Am	nount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(111501.4)	
Common Stock				04/25/2022	.2				S ⁽¹⁾			60	D	\$267.3	7(2)(3)	3	3,763		D		
Common Stock				04/25/2022	!2				S ⁽¹⁾			80	D	\$268.4	6(2)(4)	3,683			D		
Common Stock				04/25/2022	22				S ⁽¹⁾			83	D	\$269.51 ⁽²⁾⁽⁵⁾		3,600			D		
Common Stock	04/25/2022	22			S				104	D	\$271.6	8(2)(6)	3,496		196 D						
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) Conve Or Exe Price Deriva Securi	ercise of ative	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed ecution Date, ny onth/Day/Year)		nsaction de (Instr. Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)			oer G. Date Exercisable Expiration Date (Month/Day/Year) es d d d d d d Date Expiration Date Expiration Date Expiration Date Expir			te ear)	Amo Sec Und Deri Sec 3 an	Amount of Securities Sec		rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Ms.\ Ambrose's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Ms. Ambrose 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.
- 3. Open market sales reported on this line occurred at a weighted average price of \$267.37 (range \$266.86 to \$267.85).
- $4. Open \ market \ sales \ reported \ on \ this \ line \ occurred \ at \ a \ weighted \ average \ price \ of \ \$268.46 \ (range \ \$268.05 \ to \ \$268.86).$
- 5. Open market sales reported on this line occurred at a weighted average price of \$269.51 (range \$269.12 to \$269.90).
- 6. Open market sales reported on this line occurred at a weighted average price of \$271.68 (range \$271.25 to \$272.23).

Remarks:

/s/ Sabrina Yohai, Attorney-in-

** Signature of Reporting Person Date

04/27/2022

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.