FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wasi	nington,	D.C.	20549	
vvusi	migton,	D.C.	20040	

OMB APPROVAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ı		
ĺ	OMB Number:	3235-028
	Estimated average burde	en
	hours per response:	0.

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

Name and Address of Reporting Person* Kelly Lisa				V	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify														
(Last) (First) (Middle)						X Officer (give the Office (specify below)													
C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 09/19/2012 SVP, Human Resources													
130 WAV	ERLY ST	•			4. 11	f Amer	ndment	t, Date	of Origi	nal Fil	led (Month/D	ay/Year)			dual or .	Joint/Group	Filing	(Check Ap	plicable
(Street)					-								Li	ne) X	Form f	iled by One	e Reno	orting Perso	ın
CAMBRIDGE MA 02139					_									11		iled by Mor	•	n One Repo	
(City)	(9	State)	(Zip)																
		Tab	le I - N	lon-Deri	vative	Sec	uritie	es Ac	quire	d, D	isposed o	of, or Bo	eneficia	lly C	Owned	I			
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefici Owned F		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 09/19/20					2012				M		954	A	\$32.1	6	18	,203		D	
Common Stock 09/19/20					2012	12		M		3,093	A	\$33	21		,296		D		
Common Stock 09/19/20					2012				S ⁽¹⁾		4,047	D	\$57.61 ⁰	2)(3)	17	,249		D	
Common Stock															1,	957		I	401(k)
		٦	Table I								posed of				vned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution D or Exercise (Month/Day/Year) if any		ion Date,		4. 5. Number of Code (Instr. Derivative		rative rities iired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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 Exercis	sable	Expiration Date	Title	Amount or Number of Shares	1					
Employee Stock Option (right to buy)	\$32.16	09/19/2012			M			954	(4))	07/23/2018	Common Stock	954	4	\$0.00	0		D	
Employee Stock Option (right to	\$33	09/19/2012			M			3,093	(4))	10/21/2019	Common Stock	3,093	4	\$0.00	56,907	7	D	

Explanation of Responses:

- $1.\ Transaction\ made\ pursuant\ to\ Ms.\ Kelly-Croswell's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1.$
- 2. Open market sales reported on this line occurred at a weighted average price of \$57.61 (range \$57.05 to \$57.94).
- 3. Ms. Kelly-Croswell 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. Fully vested.

Remarks:

Omar White, Attorney-In-Fact 09/21/2012

** Signature of Reporting Person

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.