FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
vvasiliilytuii,	D.C.	20049

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response	. 0.5							

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

															_					
1. Name and Address of Reporting Person [*] Lee Yuchun				VI	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)	(Fi	rst) ((Middle)		- <u>IVL</u>	MA [VRTX]									_	(give title		Other (below)	specify	
C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2019														
50 NORT	ΓHERN AV	ENUE								6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street)	N M	A (02210		_							X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(SI	ate) ((Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transport Date (Month/L					Execution Date,			Code (Instr. 5)					nd Securities Beneficially Owned Followin		Form (D) o	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
					-	Code	,	Amount	mount (A) (C)		Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)				
Common Stock 06/01/						2019			D		1,80	1,801 D		(1)	4,	4,847		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		ate		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s B Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	e rcisable	Ex Da	piration ate	Title	or Nui of	mber ares					
Stock Option (Right to Buy)	\$168.04	06/01/2019			A		6,659			(2)	05	/31/2029	Common Stock	6,	659	\$0.00	6,659		D	
Deferred Stock Units	(3)	06/01/2019			Α		1,801			(3)		(3)	Common Stock	1,	801	(1)	1,801		D	

Explanation of Responses:

- 1. Upon the vesting of restricted stock units granted to Mr. Lee on June 1, 2018, Mr. Lee deferred the receipt of 1,801 shares of common stock and received instead 1,801 deferred stock units pursuant to the Company's deferred compensation plan. As a result, Mr. Lee is reporting the disposition of 1,801 shares of common stock in exchange for an equal number of deferred stock units.
- 3. Each deferred stock unit represents one share of common stock and is paid out in common stock upon the earliest to occur of (i) termination of Mr. Lee's service on our board of directors, (ii) a change of control of our company and (iii) Mr. Lee's disability or death.

Remarks:

/s/ Omar White, Attorney-in-**Fact**

06/04/2019

** 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.