| SEC For | m 4 FORM | л 111 | | | | SEC | וסווי | TIE | C 71 | | т | | co | | SSIO | N | | | |
|---|---|--|--|-----------------------------------|------------------------------|--|-------|-------------|--|---|-------------------------|--|--------------------------------|-------------------------------|--|--|---|--|--|
| | | | ES SECURITIES AND EXCHANGE CON Washington, D.C. 20549 | | | | | | | | | | | OMB APPROVAL | | | | | |
| to Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | IT OF CHANGES IN BENEFICIAL OWNI pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | Estimate | | | per: average burde esponse: | 3235-0287 en 0.5 |
| 1. Name and Address of Reporting Person* Tatsis Ourania (1, 1) | | | | | | 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 X Officer (give title Other (specify below) below) | | | | wner |
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2021 | | | | | | | | | EVP, | Chief Reg | g. & | Quality O | ff. |
| 50 NORTHERN AVENUE (Street) BOSTON MA 02210 | | | | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | | I - No | [| | | | | | , Dis | posed of | | | | 1 | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Day | | | | | Execution Date, | | | Transaction | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 4 and Securities Beneficial Owned Fo | | ties cially I Following | Forr (D) | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pi | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 02/17/2 | | | | | 021 |)21 | | | F | | 2,000 | D | \$ | 211.75 | .75 32,468 | | | D | |
| | | Tal | ble II · | | | | | | | | osed of, o convertib | | | | Owne | d | - | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed tion Date, h/Day/Year) | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of crivative curity Istr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date | sable | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

Remarks:

/s/ Sabrina Yohai, Attorney-in-02/19/2021

<u>Fact</u>

** 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.