FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|---------|----------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------|------|------------------------------------------------------------|-----|-------------------------------|-----------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| 1. Name and Address of Reporting Person* COLLINSON STUART J | | | | | | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | | | | VRTX |] | | | | | X Directo | | | 10% Ow | - | |
| (Last) | (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2003 | | | | | | | | (give title | | Other (s below) | pecify |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Noi | n-Deriv | /ativ | e Se | curitie | es A | cquired, | Dis | posed o | f, or Be | neficial | ly Owned | 1 | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Dat | | | | | | Execution Date | | | e, Transaction Disposed Code (Instr. 5) | | ties Acquiro I Of (D) (Ins | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | ction(s) | | | (Instr. 4) |
| | 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/Day | Date, | 4. Transactic Code (Inst) 8) | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | Amount of | | of s g e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option | 14.46 | 06/01/2003 | | | Α | | 7,500 | | 06/01/2003 | (1) | 05/31/2013 | Common Stock | 7,500 | \$ <u>0</u> | 357,62 | :3 | D | |

Explanation of Responses:

1. Right to buy under the 1996 Stock and Option Plan. Fully vested.

Kenneth S. Boger, Attorney-In-06/03/2003

Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.