FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
OMB Number: 3235-0287										
Estimated average burden										
hours ner resnonse.										

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*				2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC /									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Kewalramani Reshma					MA[VRTX]							'	X Director		,		10% Ov	vner		
(Last)	(Fir	rst) (N	/liddle)		THE [VIIA]									X	Office below	cer (give title ow)		Other (specify below)		
C/O VERTEX PHARMACEUTICALS INCORPORATED					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2021								CEO & President							
50 NORTHERN AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)	N M	A 0	2210											_ine) X	-/					
															Perso		re tnai	n One Repo	orting	
(City)	(Sta	ate) (Z	ip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/				Execution if any		ition Date, Tran		Transa Code (Securit Benefic	ities Foicially (Display (Disp		r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount (A) or (D)		Price	•	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common Stock 02/10/20				2021			F		2,962	D	\$21	4.16	68,621			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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo	vative urities uired prosed by tr. 3, 4		tion Da		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Expiration Exercisable Date		Title	Amount or Number of Shares								

Explanation of Responses:

Remarks:

/s/ Sabrina Yohai, Attorney-in-02/12/2021

** Signature of Reporting Person

Fact

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.