FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | |
|------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burd | en | | | | | |
| 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* Silva Paul M | | | | | <u>VE</u> | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | | Check | all app Direc | o of Reportin licable) ctor er (give title | 1 | 0% O | suer wner specify |
|--|--|--|--|--|---|---|-------|-----|--------------------------------------|-------|--------------------|---|-----------------|--------|---|---|--|---|---|--|
| (Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2012 | | | | | | | | | X Officer (give title Other (specify below) SVP & Corp Controller | | | | | |
| 130 WAVERLY ST. (Street) CAMBRIDGE MA 02139 (City) (State) (Zip) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivi ine) X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | ount of ties cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | | | action(s) 3 and 4) | | | (IIISU. 4) |
| Common Stock 05/09/ | | | | | | | 2012 | | I | | 1,483 | | D | \$60 | .35 | | 0 | I | | By 401(k) Plan |
| Common Stock 05/18/3 | | | | | | | /2012 | | S | | 839 | | D | \$61 | .15 | 6,125 | | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of E | | 6. Date E Expiration (Month/I | n Dat | | Amount of Securities Underlying Derivative Security (Inst and 4) | | str. 3 | | vative urity | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Indi (I) (Inst | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | nber | | | | | | |

Explanation of Responses:

Remarks:

Valerie L. Andrews, Attorney-

In-Fact

** 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.