SEC For	m 4 FORM 4	4 UI	NITE	D STAT	TES :	SEC	URI	TIE	S AN	ID E	EXCHAN	IGE	COI	лыз	SSIO	N			
		Washington, D.C. 20549											OMB APPROVA						
Check to Sect obligat Instruc	l pursua	T OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									OMB Nu Estimate hours pe			verage burde	3235-0287 en 0.5				
1. Name and Address of Reporting Person* Sanna Bastiano					VE	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)				wner
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 04/01/2021									EVP,	Cell & G	eneti	c Therapi	es
50 NORTHERN AVENUE (Street) BOSTON MA 02210 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi ^r Line) X	-)					
())	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					ion	on 2A. Deemed Execution Date,			3. 4. Securit		4. Securities Disposed O	es Acquired (A) Of (D) (Instr. 3, 4		or	5. Amo Securi Benefi Owned	ount of ties cially I Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) o (D)	r Prio	e	 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 4)
Common Stock 04/01/2					021)21			F		1,344	D	\$2	14.16	5 37,520			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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercit Expiration Dat (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or		nt		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci:	sable	Expiration Date	Title	Numb of Share:						

Explanation of Responses:

Remarks:

/s/ Sabrina Yohai, Attorney-in-04/05/2021

<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.