FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

## Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average burden											
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). Se	ee Instruction 1	0.																	
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)					
Biller Jonathan					MA [ VRTX ]								<del>/</del>	,	Director			10% O	
<i>a</i> 0	THE CALL									1	Officer (give title below)			Other (s	specify				
(Last) (First) (Middle)  C/O VERTEX PHARMACEUTICALS INCORPORATED						3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024								EVP and Chief Legal Officer					
50 NORTHERN AVENUE					4. If A	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)  Form filed by One Reporting Person					
BOSTO	•													Form filed by More than One Reporting Person					
(City)	(Sta	ate) (2	Zip)																
		Table	I - No	on-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or B	enef	icially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day.					Execution Date			,	3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Pric	e		ted action(s) 3 and 4)			(Instr. 4)
Common Stock 10/01/20						024			F		630	D	\$4	166.84		7,650	D		
Common Stock 10/02/20					024			<b>S</b> <sup>(1)</sup>		999	D	\$4	61.66	16,651		D			
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execui if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		mber ative ities red sed 3, 4	6. Date Expirat (Month	tion D			nt of ties lying tive ty (Inst	Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						ode V (A) (D)		(D)			Expiration Date	Title	Amount or Number of Shares	er					

## **Explanation of Responses:**

 $1.\ Transaction\ made\ pursuant\ to\ Mr.\ Biller's\ company\ approved\ trading\ plan\ under\ Rule\ 10b5-1,\ which\ was\ entered\ into\ on\ 02/13/2024.$ 

## Remarks:

/s/ Christiana Stevenson, 10/03/2024 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.