Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:									

					01 36	ection a	0(11) 01 (110 1	nvesun	ent Cu	ilipally Act o	1 1940						
1. Name and Address of Reporting Person* WAGNER CHARLES F JR					2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]							heck all ap	ationship of Reportir k all applicable) Director Officer (give title below) EVP & Chief F		rson(s) to Is 10% O)wner	
(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS				3. Date of Earliest Transaction (Month/Day/Year) 02/09/2024							^ bel	below)			. ,		
INCORPORATED 50 NORTHERN AVENUE				4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Lir	ne)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person						
(Street)	Street) BOSTON MA 02210													Form filed by More than One Reporting Person			
(City)	(St	ate) (Ž	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Table	I - No	n-Deriva	tive S	Secui	rities Acc	uired	, Dis	posed of	, or Be	nefici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date		ition Date,	3. Transa Code (8)					d Secu Bene Own	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) or (D)	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Common Stock 02/0			02/09/2	2024		F		2,607	D	\$422.	74	63,454		D		
		Tal	ole II -							osed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	vative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any			Transaction of Code (Instr. Derivative		Expiration Date			Amount Securitie Underlyi Derivativ	Title and Amount of Securities Derivative Security (Instr. a and 4)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date

Exercisable

(A) (D) Expiration Date

Title

Explanation of Responses:

Remarks:

/s/ Christiana Stevenson, Attorney-in-Fact

Amount or Number

Shares

02/13/2024

** Signature of Reporting Person

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

Code

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.

^{*} 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).