FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ect to	STATE

MENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subj 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* <u>LEIDEN JEFFREY M</u>					<u>V</u>	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]								5. Relationship of Reporting (Check all applicable) X Director V Officer (give title			10% (Owner
C/O VERTEX TIMERIMICEOTICIES					3. Date of Earliest Transaction (Month/Day/Year) 10/30/2015								X	Officer (give title Other (specify below) CEO & President				
(Street) BOSTON (City)	I M.	Α ()2210 Zip)	1	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual 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																	
Di			2. Transaction Date (Month/Day/	Execut (ear) if any		eemed tion Date, h/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or D) (Instr. 3, 4 and		5)	5. Amount of Securities Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Repoi Trans (Instr.	action(s) 3 and 4)		(Instr. 4)
Common	Stock			10/30/20	15				S ⁽¹⁾		1,600	D	\$123.3	34(2)(3)	2	48,448	D	
Common Stock 10/30/20				15	5			S ⁽¹⁾		1,400	D	\$124.3	33(2)(4)	2	47,048	D		
Common Stock 10/30/202				15	5			S ⁽¹⁾		4,800	D	\$125.3	35 ⁽²⁾⁽⁵⁾	2	42,248	D		
Common Stock 10/30/201				15	5			S ⁽¹⁾		8,125	D	\$126.3	31(2)(6)	2	34,123	D		
Common Stock 10/30/201				15	5			S ⁽¹⁾		200	D	\$126.8	26.86(2)(7)		33,923	D		
Common Stock														440	I	401(k)		
		Та	ble I								posed of, , convertib				vned			
Derivative Conversion Date Security or Exercise (Month/Day/Year) if			Executif any			action (Instr.			Expi	ration	ercisable and Date //Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Instr	vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exer	cisabl	Expiration Date	Title	or Number of Shares					

Explanation of Responses:

- 1. Transaction made pursuant to Dr. Leiden's company approved trading plan under Rule 10b5-1.
- 2. Dr. Leiden undertakes to provide (upon request by the SEC staff, the issuer or a security holder of the issuer) full information regarding the number of shares sold at each separate price.
- 3. Open market sales reported on this line occurred at a weighted average price of \$123.34 (range \$122.82 to \$123.79).
- 4. Open market sales reported on this line occurred at a weighted average price of \$124.33 (range \$123.83 to \$124.74).
- 5. Open market sales reported on this line occurred at a weighted average price of \$125.35 (range \$124.85 to \$125.84).
- 6. Open market sales reported on this line occurred at a weighted average price of \$126.31 (range \$125.85 to \$126.81).
- 7. Open market sales reported on this line occurred at a weighted average price of \$126.86 (range \$126.85 to \$126.87).

Remarks:

Omar White, Attorney-In-Fact 11/03/2015

** Signature of Reporting Person

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.