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VERTEX PHARMACEUTICALS INC / MA

Form 4

November 20, 2015

FORM	ЛЛ								OMB AF	PPROVAL	
	UNITED	STATES		ITIES All hington,			IGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or					NERSHIP OF	Expires: January 31 200 Estimated average burden hours per response 0.					
Form 5 obligation may con See Instruction 1(b).	Section 17(a) of the l	Public Ut		ing Com	pany	Act of	e Act of 1934, f 1935 or Section 40	n		
(Print or Type	Responses)										
1. Name and Address of Reporting Person * LEIDEN JEFFREY M			2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		Middle) THERN	3. Date of (Month/D 11/18/20	-	nnsaction			_X_ Director _X_ Officer (give below)		Owner er (specify	
	(Street)	Filed(Month/Day/Year) Applic _X_Fe				Applicable Line) _X_ Form filed by 0	ndividual or Joint/Group Filing(Check licable Line) Form filed by One Reporting Person Form filed by More than One Reporting				
BOSTON,	MA 02210							Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Executio any	med n Date, if Day/Year)	3. Transactio Code (Instr. 8)		sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	11/18/2015			Code V S(1)	Amount 16,125	(D)	Price \$ 130	217,902	D		
Common Stock								440	I	401(k)	

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

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number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
	·				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						`
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	•		Number		
						Lacroisdoic	Dute		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address							
	Director	10% Owner	Officer	Other			

LEIDEN JEFFREY M C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210

X

CEO & President

Relationshins

Signatures

Omar White, Attorney-In-Fact

**Signature of Reporting Person Date

Explanation of Responses:

- * 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).
- (1) Transaction made pursuant to Dr. Leiden's company approved trading plan under Rule 10b5-1.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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