### Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

VERTEX PF Form 4 May 11, 201	HARMACEUTIC	ALS INC	C/MA									
•									OMB AF	PROVAL		
FORM	<b>14</b> UNITED S	STATES		RITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287		
Check this box				0 /					Expires:	January 31,		
if no longer subject to Section 16. Form 4 or			F CHAN	GES IN I SECUR		[CIA	L OWI	NERSHIP OF	Estimated a burden hou response	•		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns inue. Section 17(a	a) of the l	Public U		ling Con	ipany	y Act of	e Act of 1934, 1935 or Section 0	1			
(Print or Type F	Responses)											
			Symbol VERTE	X PHAR	MACEU		-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First) (N	/liddle)	INC / MA [VRTX] 3. Date of Earliest Transaction					Director 10% Owner				
C/O VERTH PHARMAC INCORPOR AVENUE		THERN	(Month/D 05/09/20	ay/Year)				Officer (give below) SVP &	title Othe below) Corp Controll			
	(Street)			ndment, Da hth/Day/Year)	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by C	One Reporting Pe	rson		
BOSTON, N	MA 02210							Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)3. Transaction Code (Instr. 8)		4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)						
C				Code V	Amount	(D)	Price \$	(Instr. 3 and 4)				
Common Stock	05/09/2016			S <u>(1)</u>	800	D	86.69 (2) (3)	15,950	D			
Common Stock	05/09/2016			S <u>(1)</u>	1,100	D	\$ 87.49 (2) (4)	14,850	D			
Common Stock	05/09/2016			S <u>(1)</u>	1,100	D	\$ 88.44 (3) (5)	13,750	D			

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Common	169	Т	401k
Stock	107	-	TOTK

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

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 control number.

 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
Silva Paul M C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210			SVP & Corp Controller				
Signatures							
Omar White							

# **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 Mr. Silva's company approved trading plan under Rule 10b5-1.
- (2) Mr. Silva 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.

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(3) Open market sales reported on this line occurred at a weighted average price of \$86.69 (range \$85.99 to \$86.98).

(4) Open market sales reported on this line occurred at a weighted average price of \$87.49 (range \$86.99 to \$87.94).

(5) Open market sales reported on this line occurred at a weighted average price of \$88.44 (range \$88.00 to \$88.68).

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.