FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB API | PROVAL |
|-------------|---------|
| OMB Number: | 3235-02 |

287 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|---|---|--|---|----------------|--|---|---------|---|------------------|---|----------------------|---|---|---|--|-------|--|--|
| 1. Name and Address of Reporting Person* BOGER KENNETH S | | | | $ \mathbf{V} $ | 2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specifications) | | | | | |
| INCORP | RTEX PHA ORATED | First) ARMACEUTICA | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/28/2009 | | | | | | | | below | below) below) SVP & General Counsel | | | |
| (Street) | /ERLY ST | | 02139 | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | |
| Date | | | | 2. Trans | saction | action 2/ Ex Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Dis | 4. Securit | of, or Be ties Acquir I Of (D) (Ins | ed (A) or | 5. Amor Securiti Benefic Owned | unt of es ially Following | Form: | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | Instr. 4) |
| Common Stock | | | | | 8/200 | 3/2009 | | | | | 14,17 | 8 A | \$18.7 | 75 11 | 5 110,035 | | D | |
| Common Stock | | | | 07/2 | 07/28/2009 | | | | М | | 4,173 | 3 A \$1 | | 5 114,208 | | | D | |
| Common Stock | | | | | 8/2009 | | | | М | | 1,547 | 7 A | \$10.4 | 11 11 | 5,755 | | D | |
| Common Stock 0' | | | | | 8/200 | 3/2009 | | | | | 19,89 | 8 D | \$36 | 95,857 | | | D | |
| Common Stock | | | | | | | | | | | | | | 4,364 | | | I | 401(k) |
| | | • | Table II - | | | | | | | | osed of, converti | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | | 1. Fransaction Code (Instr. 3) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | of Securit Underlyin | ig e Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | i (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Options | \$18.75 | 07/28/2009 | | | M | | 14,179 | | (2) | | 09/23/2011 | Common Stock | 14,179 | \$0 | \$0 17,820 | | D | |
| Stock Options | \$17.16 | 07/28/2009 | | | M | | _ | 4,173 | (2) | | 07/19/2015 | Common Stock | 4,173 | \$0 | 3,024 | 4 | D | |

(2)

02/02/2015

Explanation of Responses:

\$10.41

- $1.\ Transaction\ made\ pursuant\ to\ Mr.\ Boger's\ company\ approved\ trading\ plan\ established\ under\ Rule\ 10b5-1.$
- 2. Fully vested.

Remarks:

Kenneth S. Boger

Stock

07/29/2009

0

** Signature of Reporting Person

1,547

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).

07/28/2009

** 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.