Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

washington, D.C. 20049

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL

OMB Number: 3235-0287
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Silva Paul M					$ \mathbf{V} $	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [ VRTX ]									ck all applic Directo Officer	ationship of Reporting all applicable) Director Officer (give title		10% Ov	vner
	(Last) (First) (Middle) C/O VERTEX PHARMACEUTICALS INCORPORATED				3. Date of Earliest Transaction (Month/Day/Year) 07/25/2012									below)	VP & Co	rp Co	below) ontroller		
130 WAY	VERLY ST.				4. 1	If Am	endment, I	Date (	of Original I	iled	(Month/Da	ay/Year)				loint/Group	Filing	(Check Ap	plicable
(Street) CAMBRIDGE MA 02139													Line)	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	State)	(Zip)																
		Tal	le I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	osed c	f, or Be	nefi	cially	/ Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/					2A. Deemed Execution Date, if any (Month/Day/Year		Code (I	Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		4 and Securiti Benefic		s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) P		rice	Transact	Transaction(s) (Instr. 3 and 4)			(111501.4)	
			Table II -	Deriva (e.g., p	ative outs,	Sec call	urities ls, warr	Acq ants	uired, D	ispo s, c	sed of, onverti	or Ben ble secu	efic uriti	ially es)	Owned		,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Execution (Month/Day/Year) if any	3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securii Underlyin Derivative (Instr. 3 a	ties ng e Seci		8. Price of Derivative Security (Instr. 5)	tive derivativ ty Securitie	es ally g d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	or	ount nber ıres					
Employee Stock Option (right to	\$48.74	07/25/2012			A		18,000		(1)	O	7/24/2022	Common Stock	18,	000	\$0.00	18,000	0	D	

## **Explanation of Responses:**

1. The option vests in 16 quarterly installments beginning on 10/25/2012.

## Remarks:

Valerie L. Andrews, Attorney-

07/26/2012

**In-Fact** 

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.