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

| VERTEX PF<br>Form 4<br>June 17, 201  | IARMACEUT                      | ICALS IN   | C / MA                              |  |           |  |  |   |                  |                     |  |
|--|--------------------------------|--|-------------------------------------|--|-----------|--|--|---|------------------|---------------------|--|
|  |                                |  |                                     |  |           |  |  |   | OMB A            | PPROVAL             |  |
| FORM   | UNITE                          | D STATES   |                                     | RITIES A<br>shington,                  |           |  | NGE C  | COMMISSION  | OMB<br>Number:   | 3235-0287           |  |
| Check the<br>if no long  |                                |  |                                     | 0                                      |           |  |  |   | Expires:         | January 31,<br>2005 |  |
| subject to<br>Section 1<br>Form 4 o  | 6. <b>SIAIF</b>                | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF<br>SECURITIES  |                                     |  |           |  |  |   |                  |                     |  |
| Form 5<br>obligation<br>may cont<br><i>See</i> Instru<br>1(b).   | ns Section 1                   | 7(a) of the  | Public U                            |  | ling Cor  | npan   | y Act of   | e Act of 1934,<br>f 1935 or Section<br>40   | n                |                     |  |
| (Print or Type I   | Responses)                     |  |                                     |  |           |  |  |   |                  |                     |  |
| BOGER JOSHUA S Symbol  |                                |  | r Name and Ticker or Trading        |  |           |  | 5. Relationship of Reporting Person(s) to Issuer                             |   |                  |                     |  |
|  |                                |  |                                     | IA [VRT]                               |           |  | 1 LD   | (Check all applicable)  |                  |                     |  |
| (Last) (First) (Middle) 3. Date of<br>(Month/D   |                                |  | f Earliest Transaction<br>Day/Year) |  |           |  | X_ Director 10% Owner<br>Officer (give title Other (specify<br>below) below) |   |                  |                     |  |
|  | EX<br>EUTICALS<br>RATED, 50 NO | RTHERN   | 06/15/2                             | 016                                    |           |  |  | Delow)  | below)           |                     |  |
|  |                                |  |                                     | ndment, Date Original<br>nth/Day/Year) |           |  |  | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person |                  |                     |  |
| BOSTON, N  | MA 02210                       |  |                                     |  |           |  |  | _X_ Form filed by C<br>Form filed by M<br>Person  |                  |                     |  |
| (City)   | (State)                        | (Zip)  | Tabl                                | le I - Non-D                           | erivative | Secui  | rities Acq   | uired, Disposed of  | f, or Beneficial | lly Owned           |  |
| 1.Title of<br>Security<br>(Instr. 3)2. Transaction Date<br>(Month/Day/Year)2A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) |                                | 3. 4. Securities Acquired<br>Transaction(A) or Disposed of (D)<br>Code (Instr. 3, 4 and 5)<br>(Instr. 8) |                                     |  |           | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | 6.<br>Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)      | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                                       |                  |                     |  |
|  |                                |  |                                     | Code V                                 | Amount    | or<br>(D)  | Price  | (Instr. 3 and 4)  |                  |                     |  |
| Common<br>Stock  | 06/15/2016                     |  |                                     | М                                      | 5,130     | A  | \$<br>35.35  | 273,355   | D                |                     |  |
| Common<br>Stock  | 06/15/2016                     |  |                                     | S <u>(1)</u>                           | 5,130     | D  | \$<br>91.18<br>(2) (3)   | 268,225   | D                |                     |  |
| Common<br>Stock  |                                |  |                                     |  |           |  |  | 13,286  | Ι                | 401k                |  |
| Common   |                                |  |                                     |  |           |  |  | 122,700   | Ι                | Common              |  |

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

| Stock | 5 |
|-------|---|
|       |   |

Stock Held In Trust

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<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date, if<br>any<br>(Month/Day/Year) | 4.<br>Transactic<br>Code<br>(Instr. 8) | 5. Number<br>on f Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed of<br>(D)<br>(Instr. 3, 4,<br>and 5) | erivative Expiration Date<br>rities (Month/Day/Year)<br>uired<br>or<br>osed of<br>r. 3, 4, |                    | 7. Title and Amount of<br>Underlying Securities<br>(Instr. 3 and 4) |  | 8. I<br>Der<br>Sec<br>(In: |
|---|---|---|---|--|---|--|--------------------|---|--|----------------------------|
|   |   |   |   | Code V                                 | (A) (D)   | Date<br>Exercisable  | Expiration<br>Date | Title   | Amount<br>or<br>Number<br>of<br>Shares |                            |
| Stock<br>Option<br>(Right to<br>Buy)                | \$ 35.35  | 06/15/2016                              |   | М                                      | 5,130   | (4)  | 07/19/2016         | Common<br>Stock   | 5,130                                  |                            |

## **Reporting Owners**

| Reporting Owner Name / Address  |            | Relationships |         |       |  |  |  |
|---|------------|---------------|---------|-------|--|--|--|
|   | Director   | 10% Owner     | Officer | Other |  |  |  |
| BOGER JOSHUA S<br>C/O VERTEX PHARMACEUTICALS INCORPORATED<br>50 NORTHERN AVENUE<br>BOSTON, MA 02210 |            |               |         |       |  |  |  |
| Signatures  |            |               |         |       |  |  |  |
| Omar White,<br>Attorney-In-Fact   | 06/17/2016 |               |         |       |  |  |  |
| <u>**</u> Signature of Reporting Person   | Date       |               |         |       |  |  |  |
| <b>Explanation of Resp</b>  | oonses:    |               |         |       |  |  |  |

\* 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. Boger's company approved trading plan under Rule 10b5-1.

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

- (2) Dr. Boger 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 \$91.18 (range \$90.53 to \$91.52).
- (4) Fully vested.

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.