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VERTEX PH Form 4 January 19, 2	HARMACEUTIC	ALS INC	/ MA								
	_								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check thi			0					Expires:	January 31,		
if no longer subject to Section 16. Form 4 or			CHAN	GES IN SECUR	Estimated average burden hours per response 0.						
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the P	ublic Ut		ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type F	Responses)										
MUELLER PETER Symbol				ier Name and Ticker or Trading EX PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer			
		INC / MA [VRTX]					(Check all applicable)				
(Last) (First) (Middle) 3. Date of (Month/D				f Earliest Transaction Day/Year)				Director 10% Owner X Officer (give title Other (specify below) below)			
C/O VERTE PHARMAC INCORPOR STREET			01/15/20)10				· · · · · · · · · · · · · · · · · · ·	lobal R&D, CS	SO	
				ndment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
CAMBRID	GE, MA 02139							Form filed by M Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Date, if			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	01/15/2010			М	1,600	А	\$ 10.41	118,474	D		
Common Stock	01/15/2010			S <u>(1)</u>	1,300	D	\$ 40.09 (2) (4)	117,174	D		
Common Stock	01/15/2010			S <u>(1)</u>	300	D	\$ 41.34 (3) (4)	116,874	D		

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Common Stock						3,882	Ι	401(k)		
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. SEC 1474 (9-02) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) SEC 1474 (9-02)										
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. I Der Sec (Ins
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option	\$ 10.41	01/15/2010		М	1,600	(5)	02/02/2015	Common Stock	1,600	

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
MUELLER PETER C/O VERTEX PHARMACEUTICALS INCORPORA 130 WAVERLY STREET CAMBRIDGE, MA 02139	.TED		EVP Global R&D, CSO				
Signatures							
Kenneth S. Boger, 01/19/2010							

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. Mueller's company approved trading plan under Rule 10b5-1.

(2) Open market sales reported on this line occurred at a weighted average price of \$40.09 (range \$39.83 to \$40.37).

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- (3) Open market sales reported on this line occurred at a weighted average price of \$41.34 (range \$40.94 to \$41.74).
- (4) Dr. Mueller 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.
- (5) 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.