COLLINSON STUART J

Form 4 June 02, 2010

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

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response...

subject to Section 16. Form 4 or Form 5

if no longer

Check this box

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * **COLLINSON STUART J**

2. Issuer Name and Ticker or Trading

Symbol

VERTEX PHARMACEUTICALS

(Check all applicable)

Issuer

INC / MA [VRTX]

3. Date of Earliest Transaction

(Month/Day/Year) 06/01/2010

X_ Director 10% Owner

5. Relationship of Reporting Person(s) to

Officer (give title Other (specify below)

C/O VERTEX

(Last)

PHARMACEUTICALS INCORPORATED, 130 WAVERLY

(First)

(Middle)

STREET

(Street) 4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

CAMBRIDGE, MA 02139

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed

(Month/Day/Year) Execution Date, if any

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

(A) or Code V Amount (D) Price Reported Transaction(s) (Instr. 3 and 4)

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

Persons who respond to the collection of **SEC 1474** information contained in this form are not (9-02)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)

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| 1. Title o | of 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number of | Date Exercisal | ole and | 7. Title and A | Amount o |
|-----------------|---------------|---------------------|--------------------|------------|----------------|----------------------------------|------------|--|----------|
| Derivati | ve Conversion | (Month/Day/Year) | Execution Date, if | | | Expiration Date (Month/Day/Year) | | Underlying Securities (Instr. 3 and 4) | |
| Security | or Exercise | | any | | | | | | |
| (Instr. 3) |) Price of | | (Month/Day/Year) | (Instr. 8) | Acquired (A) | | | | |
| | Derivative | | | | or Disposed of | • | | | |
| | Security | | | | (D) | | | | |
| | | | | | (Instr. 3, 4, | | | | |
| | | | | | and 5) | | | | |
| | | | | | | | | | Amount |
| | | | | | | | Expiration | | or |
| | | | | | | Date Exercisable | Date | Title | Number |
| | | | | Code V | (A) (D) | | Date | | of Share |
| | | | | Coue v | (A) (D) | | | | or Share |
| Stock Option | \$ 34.24 | 06/01/2010 | | A | 20,000 | 06/01/2010(1) | 05/31/2020 | Common Stock | 20,000 |

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

COLLINSON STUART J

C/O VERTEX PHARMACEUTICALS INCORPORATED

130 WAVERLY STREET CAMBRIDGE, MA 02139

Signatures

Valerie L. Andrews, Attorney-in-Fact 06/02/2010

**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) 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.

Reporting Owners 2