Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

VERTEX PHARMACEUTICALS INC / MA

Form 4

December 16, 2014

FORM	ЛЛ							OMB AF	PROVAL
	Washington, D.C. 20549						OMB Number:	3235-0287	
Check the	iger							Expires:	January 31,
if no longer subject to Section 16. Form 4 or							Estimated average burden hours per response 0.5		
Form 5 obligation may con <i>See</i> Instruction 1(b).	Section 17(attinue.	suant to Section a) of the Public U 30(h) of the I	Itility Hole	ding Cor	npan	y Act of	1935 or Section	1	
(Print or Type	Responses)								
1. Name and a	Symbol	•				5. Relationship of Reporting Person(s) to Issuer			
			EX PHAR MA [VRT		JTIC	ALS	(Checl	k all applicable)
(Last) C/O VERT	(Month/	3. Date of Earliest Transaction (Month/Day/Year) 12/12/2014				below)	e title Other (specify below) Human Resources		
PHARMA	CEUTICALS RATED, 50 NOR		-0 - 1				3VF, F	tuman Resource	es
						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON,	MA 02210						Form filed by M Person		
(City)	(State)	(Zip) Tak	ole I - Non-I	Derivative	Secui	rities Acqu	iired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 3, 4 and 5)			d of (D)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	
Common Stock	12/12/2014		S(1)	300	D	119.73 (2) (3)	34,595	D	
Common Stock	12/12/2014		S(1)	220	D	\$ 120.5 (3) (4)	34,375	D	
Common Stock							150	Ι	401(k)

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

Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

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)

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exercis	sable and	7. Titl	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Dat)ate	Amount of		Derivative
Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Underlying Securities (Instr. 3 and 4)		Security (Instr. 5)
				Code V	, ,		Expiration Date		Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer

ocer Other

Connolly Thomas C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210

SVP, Human Resources

Signatures

Kenneth L. Horton, Attorney-In-Fact

12/16/2014

**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 Mr. Connolly's company approved trading plan under Rule 10b5-1.
- (2) Open market sales reported on this line occurred at a weighted average price of \$119.73 (range \$119.31 to \$120.25).
- (3) Mr. Connolly 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.
- (4) Open market sales reported on this line occurred at a weighted average price of \$120.50 (range \$120.45 to \$120.57).

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