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VERTEX PHARMACEUTICALS INC / MA

Form 4

February 05, 2015

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

OMB APPROVAL

Number:

3235-0287

Expires:

January 31, 2005

0.5

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obligations

Check this box

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

may continue. 30(h) of the Investment Company Act of 1940

See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Chodakewitz Jeffrey

2. Issuer Name and Ticker or Trading

Symbol

VERTEX PHARMACEUTICALS

INC / MA [VRTX]

(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last)

(First) (Middle)

02/03/2015

Director 10% Owner X_ Officer (give title Other (specify

below) EVP GMDA, CMO

C/O VERTEX **PHARMACEUTICALS INCORPORATED, 50 NORTHERN AVENUE**

(Street)

4. If Amendment, Date Original

3. Date of Earliest Transaction

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

BOSTON, MA 02210

(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

anv

(Month/Day/Year)

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

5. Amount of Securities Beneficially Owned Following Reported

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

SEC 1474

(9-02)

Code V Amount

Transaction(s) or Price (D)

(Instr. 3 and 4)

Common Stock

02/03/2015

17,250 A (1)

\$ 0.01

(A)

100,562

D

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

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

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. Transactio Code (Instr. 8)	5. Number of or 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (right to buy)	\$ 109.14	02/03/2015		A	57,500	(2)	02/02/2025	Common Stock	57,500

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Chodakewitz Jeffrey C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210

EVP GMDA, CMO

Signatures

Omar White, 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).

Performance-based restricted stock award that will vest as to (i) 50% of the shares on the earlier to occur of (a) the attainment of a specified level of net product sales in the United States of lumacaftor in combination with ivacaftor over four calendar quarters and (b)

- the announcement of the results of a clinical trial establishing proof-of-concept for a next generation CFTR corrector and (ii) 50% of the shares on the earlier to occur of (a) the attainment of a specified level of net product sales outside of the United States of lumacaftor in combination with ivacaftor over four calendar quarters and (b) the announcement of the results from a successful pivotal clinical trial for a non-cystic fibrosis drug candidate sufficient to support the filing of an NDA.
- (2) The option vests in 16 quarterly installments from 02/03/2015.

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.

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