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VERTEX F Form 4 July 26, 20	PHARMACEUTIC	CALS INC	C/MA							
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549									PPROVAL 3235-0287	
Check t if no los subject Section Form 4 Form 5 obligati may co <i>See</i> Inst 1(b).	nger to 16. or Filed put ons ntinue.	Estimated burden hou response	urs per							
(Print or Type	Responses)									
1. Name and Address of Reporting Person <u>*</u> Silva Paul M			2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O VERT PHARMA INCORPO ST.	3. Date of Earliest Transaction (Month/Day/Year) 07/25/2012				Director 10% Owner XOfficer (give title Other (specify below) below) SVP & Corp Controller					
(Street) CAMBRIDGE, MA 02139			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 Person			
(City)	(State)	(Zip)	Tał	ole I - Non-l	Derivative	e Securities A	Acquired, Disposed	of, or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi nAcquired Disposed (Instr. 3,	ties (A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect	
Reminder: Re	eport on a separate line	e for each cl	ass of sec	urities bene	Perso infor requi	ons who res nation cont red to resp	or indirectly. spond to the colle tained in this forn ond unless the fo ntly valid OMB co	n are not rm	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

1. Title of 2. 3. Transaction Date 3A. Deemed 4. 5. Number of 6. Date Exercisable and 7. Title and Amount of Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative Expiration Date **Underlying Securities** Security or Exercise (Instr. 3 and 4) any Code Securities (Month/Day/Year) (Instr. 3) Price of (Month/Day/Year) (Instr. 8) Acquired (A) Derivative or Disposed of Security (D) (Instr. 3, 4, and 5) Amount Date Expiration or Title Exercisable Date Number (D) Code V (A) of Shares Employee Stock Common 07/25/2012 (1) 07/24/2022 18,000 Option \$48.74 А 18,000 Stock (right to buy)

Reporting Owners

Reporting Owner Name / Address			Relationships					
		Director	10% Owner	Officer	Other			
Silva Paul M C/O VERTEX PHARMACEUTICALS IN 130 WAVERLY ST. CAMBRIDGE, MA 02139	CORPORATED			SVP & Corp Controller				
Signatures								
Valerie L. Andrews, Attorney-In-Fact	07/26/2012							

<u>**</u>Signature of Reporting Person

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).

Date

(1) The option vests in 16 quarterly installments beginning on 10/25/2012.

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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