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VERTEX Pl Form 4 August 30, 2	HARMACEUTIC	CALS ING	C/MA								
	_								OMB AF	PPROVAL	
	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287	
Check this box if no longer									Expires:	January 31,	
subject to Section 1 Form 4 c	l6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								2005 average rs per 0.5	
Form 5 obligatio may com <i>See</i> Instr 1(b).	ns Section 17(a) of the	Public U		ling Con	npany	y Act of	e Act of 1934, 1935 or Section 0	n		
(Print or Type]	Responses)										
MUELLER PETER Sy V			Symbol VERTE	Name and X PHAR	MACEU			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(3. Date of Earliest Transaction (Month/Day/Year) 08/29/2011					Director 10% Owner X Officer (give title Other (specify below) EVP, Global R&D, CSO			
				ndment, Date Original nth/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)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Data (Month/Day/Year)	Transaction Date 2A. Deemed		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				5. Amount of Securities 6. Ownership Form: Direct Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)			
Common	00/00/2011			Code V	Amount	(D)	Price \$		D		
Stock	08/29/2011			М	4,300	A	10.41	138,035	D		
Common Stock	08/29/2011			М	5,200	А	\$ 11.27	143,235	D		
Common Stock	08/29/2011			S <u>(1)</u>	9,500	D	\$ 45.01 (2) (3)	133,735	D		
Common								4,495	Ι	401(k)	

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Stock

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.

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. 5. Number Transaction Derivative Code Securities (Instr. 8) 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. H Der Sec (In:
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Options	\$ 10.41	08/29/2011		М	4,300	(4)	02/02/2015	Common Stock	4,300	
Stock Options	\$ 11.27	08/29/2011		М	5,200	(4)	10/06/2014	Common stock	5,200	

Reporting Owners

Reporting Owner Name / Address			Relationships					
	Director	10% Owner	Officer	Other				
MUELLER PETER C/O VERTEX PHARMACEUTICALS 130 WAVERLY ST CAMBRIDGE, MA 02139	SINCORPORATED			EVP, Global R&D, CSO				
Signatures								
Kenneth S. Boger, Attorney-In-Fact	08/30/2011							
<u>**</u> Signature of Reporting Person	Date							
Explanation of Respo	nses:							
* If the form is filed by more than one report	ing person see Instruction	$A(\mathbf{b})(\mathbf{v})$						

* 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.

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- (2) Open market sales reported on this line occurred at a weighted average price of \$45.01 (range \$45.00 to \$45.26).
- (3) 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.
- (4) 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.