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VERTEX PHARMACEUTICALS INC / MA

Form 4

Common

Stock

08/31/2011

September 01, 2011

FORM	14								OMB APPROVAL		
	AND EXCHANGE COMMISSION a, D.C. 20549				OMB Number:	3235-0287					
Check the if no long	tar							Expires:	January 31, 2005		
subject to Section 1 Form 4 o Form 5 obligation may cont See Instru 1(b).	6. r Filed purs inue. Section 17(a	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							Estimated average burden hours per response 0.5		
(Print or Type I	Responses)										
1. Name and A Kelly Lisa	ddress of Reporting I	Symbol VERTI	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		(Month/I 08/31/2	3. Date of Earliest Transaction (Month/Day/Year) 08/31/2011				Director 10% Owner Selfow) Other (specify below) SVP, Human Resources				
	(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				
CAMBRID	GE, MA 02139						Form filed by M Person	lore than One Re	porting		
(City)	(State)	(Zip) Tab	le I - Non-I	Derivative	Secur	rities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	4. Securion(A) or D (Instr. 3,	ispose 4 and (A) or	d 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)			
Common Stock	08/31/2011		M	953	A	\$ 18.93	39,035	D			
Common Stock	08/31/2011		S(1)	1,527	D	\$ 45.63 (2) (3)	37,508	D			

S(1)

800

\$

(3) (4)

46.17 36,708

D

Common Stock 1,520 I 401(k)

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.

SEC 1474

(9-02)

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)	4. Transactic Code (Instr. 8)		6. Date Exercisab Expiration Date (Month/Day/Year		7. Title and A Underlying So (Instr. 3 and 4	
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Options	\$ 18.93	08/31/2011	M	953	05/15/2008(5)	05/14/2018	Common Stock	953

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Kelly Lisa C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY ST CAMBRIDGE, MA 02139

SVP, Human Resources

Signatures

Valerie L. Andrews, Attorney-In-Fact 09/01/2011

**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 Ms. Kelly-Croswell's company approved trading plan under Rule 10b5-1.
- (2) Open market sales reported on this line occurred at a weighted average price of \$45.63 (range \$45.17 to \$45.96).

Reporting Owners 2

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- (3) Ms. Kelly-Croswell 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 \$46.17 (range \$46.00 to \$46.44).
- (5) Right to buy under 2006 Stock and Option Plan, vesting in 16 quarterly installments from 02/07/2008, except that the first quarterly vesting occurred on May 15, 2008.

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.