Edgar Filing: Silva Paul M - Form 4

Silva Paul M	[
Form 4	0.0010										
November 1											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMMISSION	OMB APPROVAL		
	Check this box							OMMINISSION	OMB Number:	3235-0287	
if no long	ter.					ICIA	1 0113		Expires:	January 31, 2005	
subject to Section 1	subject to Section 16. Form 4 or Statement of CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.				
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1'	7(a) of the	Public U		ling Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type I	Responses)										
1. Name and A Silva Paul N	2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			INC / M	IA [VRT]	X]			(FF	,	
				f Earliest Tr Day/Year)	ansaction			Director 10% Owner X Officer (give title Other (specify below) below)			
	EX ŒUTICALS RATED, 50 NO	RTHERN	11/15/2	018				/	Corp Controlle	er	
				endment, Da nth/Day/Year	-	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
BOSTON, N	MA 02210							_X_ Form filed by O Form filed by M Person			
(City)	(State)	(Zip)	Tab	le I - Non-E) erivative	Secur	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactio Code (Instr. 8)		ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	11/15/2018			S <u>(1)</u>	12	D	\$ 163.75	16,087	D		
Common Stock								169	Ι	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 (9-02) required to respond unless the form displays a currently valid OMB control

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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. Transacti Code (Instr. 8)	5. orNum of Deriv Secur Acqu (A) o Dispo of (D (Instr 4, and	vative rities iired or osed)) :. 3,	Expiratio (Month/I	on D		Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners											
	Report	ting Owner Name / A	Address	Di	rector	109	% Owner		lationships			Other	
50 NORT			S INCORPORAT	ΈD				S	SVP & Co	rp Co	ntroller		

Signatures

/s/ Omar White,	11/19/2018
Attorney-in-Fact	11/19/2010

**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).

(1) Transaction made pursuant to Mr. Silva's company-approved trading plan under Rule 10b5-1.

Date

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.