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VERTEX PHARMACEUTICALS INC / MA Form 4 November 18, 2015 OMB APPROVAL FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB 3235-0287 Washington, D.C. 20549 Number: Check this box January 31, Expires: if no longer 2005 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to Estimated average **SECURITIES** Section 16. burden hours per Form 4 or response... 0.5 Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations 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 * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Arbuckle Stuart A Issuer Symbol VERTEX PHARMACEUTICALS (Check all applicable) INC / MA [VRTX] 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction Director X_Officer (give title Other (specify (Month/Day/Year) below) below) C/O VERTEX 11/16/2015 EVP\Chief Commercial Officer PHARMACEUTICALS **INCORPORATED, 50 NORTHERN AVENUE** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting BOSTON, MA 02210 Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5. Amount of 6. 7. Nature of Transaction(A) or Disposed of (D) Ownership Indirect Security (Month/Day/Year) Execution Date, if Securities (Instr. 3) Code (Instr. 3, 4 and 5) Beneficially Form: Direct Beneficial anv (Month/Day/Year) (Instr. 8) Owned (D) or Ownership Following Indirect (I) (Instr. 4) Reported (Instr. 4) (A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price Common 11/16/2015 Μ 3,650 Α \$77.31 108,541 D Stock Common 11/16/2015 S⁽¹⁾ 184 D 108.357 D 121 95 Stock Common 11/16/2015 S⁽¹⁾ 143 D 108,214 D 122.47 Stock Common S⁽¹⁾ 11/16/2015 100 \$ 123 D D 108,114

Stock

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Common Stock	11/16/20	015	S <u>(1)</u>	3,650	D	\$ 124	104,464	D			
Common Stock							140	Ι	401(k))	
Reminder: F	Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) 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)		4. Transacti Code (Instr. 8)	ionof D Secu Acq (A) Disp (D)	urities uired or posed of tr. 3, 4,	tive Expiration Date Underl s (Month/Day/Year) (Instr. 3 of			nd Amount of 8.1 ng Securities De nd 4) Se (In	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Stock Option (right to	\$ 77.31	11/16/2015	М	3,650	(2)	02/04/2024	Common	3,650
(right to buy)	\$ 77.31	11/10/2015	111	5,050	<u></u>	02/04/2024	Stock	3,050

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Arbuckle Stuart A C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210				EVP\Chief Commercial Officer			
Signatures							
Omar White, 1 Attorney-In-Fact	1/18/2015						

**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 Mr. Arbuckle's company approved trading plan under Rule 10b5-1.
- (2) The option vests in 16 quarterly installments from 02/05/2014.

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.