## Edgar Filing: Silva Paul M - Form 4

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Form 4											
February 08,	2018										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL			
								OMB Number:	3235-0287		
Check thi if no long subject to Section 10	ENT OF	CHAN	GES IN I SECURI	Expires: January 3 20 Estimated average burden hours per							
										0.5	
(Print or Type R	Responses)										
1. Name and Address of Reporting Person <u>*</u> Silva Paul M			2. Issuer Name <b>and</b> Ticker or Trading Symbol VERTEX PHARMACEUTICALS					5. Relationship of Reporting Person(s) to Issuer			
			INC / M	A [VRTX	K]			(Check all applicable)			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2018					Director 10% Owner X Officer (give title Other (specify below) SVID % Corre Controller			
PHARMAC			02/00/20	10				SVP 8	corp Control	ler	
	Filed(Month/Day/Year) Applicable Li _X_ Form file					Applicable Line) _X_ Form filed by	by One Reporting Person				
BOSTON, N	/IA 02210							Form filed by M Person	More than One R	eporting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)			Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			
Common Stock	02/06/2018			А	6,322 (1)	А	\$0	22,956	D		
Common Stock	02/06/2018			А	4,219 (2)	А	\$0	27,175	D		
Common Stock								169	I	401(k)	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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#### 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)	Transaction of Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 155.57	02/06/2018		А	9,783	(3)	02/05/2028	Common Stock	9,783	

# **Reporting Owners**

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Silva Paul M C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210	)		SVP & Corp Controller				
Signatures							
/s/ Omar White, 02/08/2018 Attorney-in-Fact							

\*\*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).

Represents earned performance shares with respect to a performance stock unit award granted on 2/3/2017 that contained both

- performance-vesting and service-vesting requirements. The issuer's management development and compensation committee certified as (1) to the level of performance-goal attainment on 2/6/2018. The earned performance shares remain subject to the service-vesting requirements and will vest in three equal installments on 2/10/2018, 2/10/2019 and 2/10/2020.
- (2) Restricted stock unit award that vests in three equal installments on 2/17/2019, 2/17/2020 and 2/17/2021.

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(3) This option vests in 16 quarterly installments from 2/6/2018.

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.