Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

VERTEX PHARMACEUTICALS INC / MA

Form 4

Common

Common

Stock

Stock

02/04/2010

February 08, 2010

FORM 4	OMB APPROVAL										
	OMB Number:	3235-0287									
Check this box if no longer	Washington, D.C. 20549 Check this box if no longer										
subject to Section 16. Form 4 or STATEMENT OF CHANGES IN BENEFICIA SECURITIES						Estimated average burden hours per response 0.5					
Form 5 obligations may continue. See Instruction 1(b). 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											
(Print or Type Respons	ses)										
1. Name and Address Silva Paul M	Symbol VERT		Ticker or Trading MACEUTICALS X]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (F C/O VERTEX PHARMACEUTI INCORPORATE STREET	(Month) 02/04/	of Earliest Tr Day/Year) 2010	ansaction	Director 10% Owner Officer (give title Other (specify below) below) V.P. and Corporate Controller							
	treet)		nendment, Da onth/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						
		7 :)			Person						
(City) (S	state) (Z	Zip) Tai	ole I - Non-D	Perivative Securities Acc	quired, Disposed of,	, or Beneficial	ly Owned				
	•	2A. Deemed Execution Date, is any (Month/Day/Year	Code	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)	Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I)					

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

Code V

A

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

Following

Reported

7,625

842

Transaction(s)

(Instr. 3 and 4)

(A)

or

(D)

Amount

3,000

(1)

Price

0.01

(Instr. 4)

D

Ι

(Instr. 4)

401(k)

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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	2.	3. Transaction Date 3A. Deemed		4. 5. Number of		6. Date Exercisable and		7. Title and Amount of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if TransactionDerivative		Expiration Date		Underlying Securities		
Security	or Exercise		any	Code Securities		(Month/Day/Year)		(Instr. 3 and 4)	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)				
	Derivative				or Disposed of				
	Security				(D)				
					(Instr. 3, 4,				
					and 5)				
						Date Exercisable	Expiration Date	Title	Amount or Number
				Code V	(A) (D)				of Shares
Stock Option	\$ 39.05	02/04/2010		A	22,500 (2)	05/04/2010	02/03/2020	Common Stock	22,500

Reporting Owners

Relationships Reporting Owner Name / Address

Director 10% Owner Officer Other

Silva Paul M C/O VERTEX PHARMACEUTICALS **INCORPORATED** 130 WAVERLY STREET CAMBRIDGE, MA 02139

V.P. and Corporate Controller

Signatures

Kenneth S. Boger, 02/08/2010 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).
- Stock grant under 2006 Stock and Option Plan, vesting on 2/4/2014, subject to 50% acceleration upon receiving U.S. marketing approval for telaprevir; and to 50% acceleration upon either (a) reaching specified telaprevir sales levels during 18 months following its U.S. launch or (b) launch of any additional drug beyond telaprevir prior to December 31, 2012.
- (2) Stock option under 2006 Stock and Option Plan, vesting in 16 equal quarterly installments over four years.

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.

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