Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

VERTEX PHARMACEUTICALS INC / MA

Form 4

November 14, 2016

November 1								OMP A		
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								PPROVAL 3235-0287	
Check th	is box		w asnington	, D.C. 20	349			Number:	January 31,	
if no long		MENT OF CH	ANGES IN	RENEF	ICIA	I. OW	NERSHIP OF	Expires:	2005	
subject to Section 1 Form 4 c	16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSH SECURITIES							average rs per 0.5	
Form 5 obligatio may contain See Instruction 1(b).	ns Section 17(e Act of 1934, f 1935 or Section 40	1							
(Print or Type l	Responses)									
1. Name and Address of Reporting Person * Silva Paul M			2. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS				5. Relationship of Reporting Person(s) to Issuer			
			/ MA [VRT		HC	ALS	(Check all applicable)			
(Last)	(First) (I		te of Earliest T hth/Day/Year)	ransaction			DirectorX Officer (give below)		Owner er (specify	
C/O VERTI		11/0	11/09/2016				SVP & Corp Controller			
	CEUTICALS									
INCORPOR AVENUE	RATED, 50 NOR	THERN								
	Amendment, D	ate Origina	1		6. Individual or Joint/Group Filing(Check					
							Applicable Line)	y One Reporting Person		
BOSTON, I	MA 02210						Form filed by M Person			
(City)	(State)	(Zip)	Гable I - Non-	Derivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	11/09/2016		M	3,375	A	\$ 37.86	17,125	D		
Common Stock	11/10/2016		M	1,687	A	\$ 45.11	18,812	D		
Common Stock	11/09/2016		S <u>(1)</u>	3,375	D	\$ 88.92	15,437	D		
Common Stock	11/10/2016		S <u>(1)</u>	1,687	D	\$ 95.11	13,750	D		

Common 169 Stock

Ι 401k

(9-02)

8.1 De Sec (In

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number Transaction of Derivative Code Securities (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exerc Expiration D (Month/Day/	ate	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)	\$ 37.86	11/09/2016		M	3,375	<u>(2)</u>	02/01/2022	Common Stock	3,375
Stock Option (Right to Buy)	\$ 45.11	11/10/2016		M	1,687	(3)	02/04/2023	Common Stock	1,687

Reporting Owners

Relationships Reporting Owner Name / Address Officer Other Director 10% Owner

Silva Paul M C/O VERTEX PHARMACEUTICALS INCORPORATED **50 NORTHERN AVENUE** BOSTON, MA 02210

SVP & Corp Controller

Signatures

Omar White, 11/14/2016 Attorney-In-Fact

**Signature of Reporting Person Date

Reporting Owners 2

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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.
- (2) Fully vested.
- (3) The option vests in 16 quarterly installments from 02/05/2013.

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.