#### **ALTSHULER DAVID**

Form 4

February 08, 2018

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB

3235-0287 Number:

**OMB APPROVAL** 

January 31, Expires: 2005

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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 \* **ALTSHULER DAVID** 

2. Issuer Name and Ticker or Trading

Issuer

Symbol

VERTEX PHARMACEUTICALS

(Check all applicable)

5. Relationship of Reporting Person(s) to

INC / MA [VRTX]

3. Date of Earliest Transaction (Month/Day/Year)

02/06/2018

Director 10% Owner X\_ Officer (give title Other (specify

EVP, Global Research and CSO

below)

C/O VERTEX **PHARMACEUTICALS** INCORPORATED, 50 NORTHERN

(Street)

(First)

(Middle)

**AVENUE** 

(Instr. 3)

Common

Stock

(Last)

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

BOSTON, MA 02210

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5)

6. Ownership 7. Nature of Securities Form: Direct Indirect Beneficially (D) or Owned Indirect (I) Following (Instr. 4) Reported

Beneficial Ownership (Instr. 4)

(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price

18,204 02/06/2018 A (1)

(Month/Day/Year)

any

A \$0 67,965

D

Common 02/06/2018 Stock

8,437 Α (2)

Α \$0 76,402 D

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

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SEC 1474 (9-02)

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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. Transactic Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	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		A	19,566	<u>(3)</u>	02/05/2028	Common Stock	19,566

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

ALTSHULER DAVID C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210

EVP, Global Research and CSO

## **Signatures**

/s/ Omar White, Attorney-in-Fact 02/08/2018

\*\*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 2/03/2017 that contained both performance-vesting and service-vesting requirements. The issuer's management development and compensation committee certified as 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.
- (3) The 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.

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