

VERTEX PHARMACEUTICALS INC / MA  
 Form 3  
 July 26, 2012

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person * Pace Megan E (Last) (First) (Middle)  C/O VERTEX PHARMACEUTICALS INCORPORATED, 130 WAVERLY ST. (Street)  CAMBRIDGE, MA 02139 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/25/2012	3. Issuer Name and Ticker or Trading Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP, Corp. Communications	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	9,749 <sup>(1)</sup>	D	

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

SEC 1473 (7-02)

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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Employee Stock Option (right to buy)	08/10/2010 <sup>(2)</sup>	05/09/2020	Common Stock	30,000	\$ 37.29	D	Â
Employee Stock Option (right to buy)	05/03/2011 <sup>(3)</sup>	02/02/2021	Common Stock	18,750	\$ 38.8	D	Â
Employee Stock Option (right to buy)	10/13/2011 <sup>(4)</sup>	07/12/2021	Common Stock	7,500	\$ 51.75	D	Â
Employee Stock Option (right to buy)	05/02/2012 <sup>(5)</sup>	02/01/2022	Common Stock	11,250	\$ 37.86	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Pace Megan E C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY ST. CAMBRIDGE, MA 02139	Â	Â	Â SVP, Corp. Communications	Â

## Signatures

Omar White, 07/26/2012  
Attorney-In-Fact

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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).  
Includes (a) 2,000 shares of common stock vesting in two equal installments on 5/1/2013 and 5/1/2014; (b) 1,250 shares of common stock vesting on 2/3/2015, subject to acceleration upon achievement of Company performance goals; and (c) 2,500 shares of common stock vesting on 2/2/2016, subject to acceleration upon achievement of Company performance goals.
- (1) Right to buy under 2006 Stock and Option Plan vesting in 16 quarterly installments from 5/10/2010.
- (3) Right to buy under 2006 Stock and Option Plan vesting in 16 quarterly installments from 2/3/2011.
- (4) Right to buy under 2006 Stock and Option Plan vesting in 16 quarterly installments from 7/13/2011.
- (5) Right to buy under 2006 Stock and Option Plan vesting in 16 quarterly installments from 2/2/2012.

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.