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BOGER JOS Form 4	SHUA S										
August 11, 2	2011										
FORM 4 UNITED STATES S							NCEO		OMB APPROVAL		
		shington,			NGE C	OMMISSION	OMB Number:	3235-0287			
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont See Instru 1(b).	6. Filed pu ns Section 17		F CHAN Section 1 Public Ut	GES IN I SECUR 6(a) of the	Expires:January 31, 2005Estimated average burden hours per response0.5						
(Print or Type I	Responses)										
BOGER JOSHUA S Symi VEI			Symbol VERTE	ssuer Name and Ticker or Trading ool RTEX PHARMACEUTICALS / MA [VRTX]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		(Middle)	3. Date of (Month/D 08/10/20	-	ansaction			X Director Officer (give below)		Owner er (specify	
Filed(Month/Day/Year) Applicabl _X_Form					Applicable Line) _X_ Form filed by C	r Joint/Group Filing(Check) by One Reporting Person by More than One Reporting					
CAMBRID	GE, MA 02139							Person	lore than One Ke	porung	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	. Transaction Date 2A. Deemed		3. 4. Securities Acquired Transactior(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common	08/10/2011			М	4,000	А	\$	731,395	D		
Stock							24.66				
Common Stock	08/10/2011			S <u>(1)</u>	2,800	D	\$ 42.55 (2) (3)	728,595	D		
Common Stock	08/10/2011			S <u>(1)</u>	1,200	D	\$ 43.3 (3) (4)	727,395	D		
Common								13,286	Ι	401(k)	

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

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 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	6. Date Exer	cisable and	7. Title and A	Amount of	8. I
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Expiration D	ate	Underlying S	Securities	Der
Security	or Exercise		any	Code	Securities	(Month/Day/	Year)	(Instr. 3 and	4)	Sec
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired					(In
	Derivative				(A) or					
	Security				Disposed of					
	2				(D)					
					(Instr. 3, 4,					
					and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	Date	Title	Number	
						Excicisable	Date		of	
				Code V	(A) (D)				Shares	
a . 1								a		
Stock	\$ 24.66	08/10/2011		М	4,000	(5)	12/10/2011	Common	4,000	
Option	φ 24.00	0 00/10/2011		141	4,000	<u>. , ,</u>	12/10/2011	Stock	7,000	

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
BOGER JOSHUA S C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY ST CAMBRIDGE, MA 02139							
Signatures							
Valerie L. Andrews, Attorney-In-Fact	08/11/2011						

Date

<u>**</u>Signature of Reporting Person

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 Dr. Boger's company approved trading plan under Rule 10b5-1.

(2) Open market sales reported on this line occurred at a weighted average price of \$42.55 (range \$41.92 to \$42.90).

(3) Dr. Boger undertakes to provide (upon request by the SEC staff, the issuer or a security holder of the issuer) full information regarding the number of shares sold at each separate price.

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- (4) Open market sales reported on this line occurred at a weighted average price of \$43.30 (range \$42.92 to \$44.19).
- (5) Fully vested.

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.