### Edgar Filing: VERTEX PHARMACEUTICALS INC / MA - Form 4

### VERTEX PHARMACEUTICALS INC / MA

Form 4

October 05, 2016

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

Check this box if no longer subject to

Section 16. Form 4 or

Form 5 obligations may continue.

See Instruction

STATEMENT OF CHANGES IN 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(b).

1. Name and Address of Reporting Person \* Arbuckle Stuart A

Symbol VERTEX PHARMACEUTICALS

INC / MA [VRTX] 3. Date of Earliest Transaction

5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Issuer

(Check all applicable)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Estimated average

burden hours per

(Last)

(First) (Middle)

(Month/Day/Year)

10/03/2016

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

below) EVP\Chief Commercial Officer

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

**AVENUE** 

(City)

Common

Stock

(Street)

(State)

4. If Amendment, Date Original Filed(Month/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

(D) or

Indirect (I)

(Instr. 4)

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

BOSTON, MA 02210

1. Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) any (Month/Day/Year)

(Zip)

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

Amount

5. Amount of Securities Beneficially

Price

86.46

Owned Following Reported Transaction(s) (Instr. 3 and 4)

D

Common Stock

10/03/2016

 $S^{(1)}$ 

Code

1,208 D

(A)

or

(D)

114,566

140

I

401(k)

Beneficial

Ownership

(Instr. 4)

6. Ownership 7. Nature of

Form: Direct Indirect

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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	TransactionNumber Expiration Date		ate	Amount of	Derivative	Deriv	
	Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Underlying	Security	Secui
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Securities	(Instr. 5)	Bene
		Derivative Security				Securities Acquired		(Instr. 3 and 4)	4)	Own	
										Follo	
						(A) or					Repo
						Disposed					Trans
						of (D)					(Instr
						(Instr. 3,					
						4, and 5)					
									Amoi	unt	
										uiit	
							Date Ex	Expiration	Of Title Numb	h-a	
							Exercisable	cisable Date	Title Numl	Der	
					C-1- V	(A) (D)					
					Code V	(A) (D)			Share	S	

# **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Arbuckle Stuart A C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210

EVP\Chief Commercial Officer

## **Signatures**

Omar White, 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).
- (1) Transaction made pursuant to Mr. Arbuckle's company approved trading plan under Rule 10b5-1.

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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