MCGLYNN MARGARET G

Form 4 June 05, 2018

FORM 4

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

OMB APPROVAL

OMB 3235-0287 Number:

January 31, Expires: 2005

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if no longer subject to Section 16. Form 4 or

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 5 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 *

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

MCGLYNN MARGARET G

VERTEX PHARMACEUTICALS

(Check all applicable)

INC / MA [VRTX]

3. Date of Earliest Transaction

X_ Director 10% Owner Officer (give title Other (specify

(Month/Day/Year) below) 06/01/2018

C/O VERTEX

(Last)

PHARMACEUTICALS INCORPORATED, 50 NORTHERN

(First)

AVENUE

(Street) 4. If Amendment, Date Original

(Middle)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year) Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

BOSTON, MA 02210

(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Amount of 6. Ownership 7. Nature of Security (Month/Day/Year) Execution Date, if TransactionAcquired (A) or Securities Form: Direct Indirect (Instr. 3) Code Disposed of (D) Beneficially (D) or Beneficial (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5) Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported (A) Transaction(s)

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

Common 1,801 06/01/2018 A A \$0 8,113 D (1) Stock

Common 06/01/2018 D 2,188 D (2) 5,925 D Stock

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

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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 proof Derivative 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)	\$ 152.74	06/01/2018		A	3,229	(3)	05/31/2028	Common Stock	3,229
Deferred Stock Units	<u>(4)</u>	06/01/2018		A	2,188	<u>(4)</u>	<u>(4)</u>	Common Stock	2,188

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

MCGLYNN MARGARET G C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210



Signatures

/s/ Stephen Migausky, Attorney-in-Fact

06/05/2018

**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).
- (1) Restricted stock unit that vests, subject to certain limited exceptions, on the first anniversary of the grant date.
- Upon the vesting of restricted stock units granted to Ms. McGlynn on June 1, 2017, Ms. McGlynn deferred the receipt of 2,188 shares of common stock and received instead 2,188 deferred stock units pursuant to the Company's deferred compensation plan. As a result, Ms. McGlynn is reporting the disposition of 2,188 shares of common stock in exchange for an equal number of deferred stock units.
- (3) Fully vested.

Reporting Owners 2

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Each deferred stock unit represents one share of common stock and is paid out in common stock upon the earliest to occur of (i)

(4) termination of Ms. McGlynn's service on our board of directors, (ii) a change of control of our company and (iii) Ms. McGlynn's disability or death.

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.