#### **ALTSHULER DAVID**

Form 4

August 06, 2018

## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB** Number:

3235-0287

Expires:

January 31, 2005

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Estimated average burden hours per

**OMB APPROVAL** 

response...

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* **ALTSHULER DAVID** 

2. Issuer Name and Ticker or Trading

Symbol

VERTEX PHARMACEUTICALS INC / MA [VRTX]

5. Relationship of Reporting Person(s) to

Issuer

(Check all applicable)

EVP, Global Research and CSO

10% Owner

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

Director Other (specify X\_ Officer (give title below)

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

(Street)

(State)

(First)

(Middle)

**AVENUE** 

(City)

(Last)

4. If Amendment, Date Original

08/02/2018

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

BOSTON, MA 02210

1.Title of 2. Transaction Date 2A. Deemed 3. 4. Securities Acquired 5.	5. Amount of 6.	7. Nature of
Security (Month/Day/Year) Execution Date, if Transactior(A) or Disposed of (D) S (Instr. 3) any Code (Instr. 3, 4 and 5) B (Month/Day/Year) (Instr. 8) F  (A) R T	Beneficially For Owned (D) Following Inc	wnership Indirect orm: Direct Beneficial D) or Ownership direct (I) (Instr. 4) nstr. 4)
Common Stock 08/02/2018 M 1,796 A \$ 91.05 4	40,909 D	
Common Stock 08/02/2018 S(1) 1,796 D \$ 174.59 3	39,113 D	
Common Stock 08/03/2018 M 2,330 A \$86.52 4	41,443 D	)
Common Stock 08/03/2018 S(1) 2,330 D \$ 174.2 3	39,113 D	

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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.

SEC 1474 (9-02)

> 8. I De Sec (In

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)	Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 I S (
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 91.05	08/02/2018		M	1,796	<u>(2)</u>	02/01/2026	Common Stock	1,796	
Stock Option (Right to Buy)	\$ 86.52	08/03/2018		M	2,330	(3)	02/02/2027	Common Stock	2,330	

# **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/ Stephen Migausky, Attorney-in-Fact 08/06/2018

\*\*Signature of Reporting Person Date

Reporting Owners 2

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# **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. Altshuler's company-approved trading plan under Rule 10b5-1.
- (2) The option vests in 16 quarterly installments from 2/2/2016.
- (3) The option vests in 16 quarterly installments from 2/3/2017.

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.