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VERTEX PHARMACEUTICALS INC / MA

Form 4

Common

Stock

December 05, 2006

	., _000 I <i>A</i>										OMB AF	PROVAL		
FORM	14 _{UNIT}	TED S	TATES					OMMISSION	OMB Number:	3235-0287				
Check the if no long										JEDCHID OF	Expires:	January 31, 2005		
subject to Section 1 Form 4 o Form 5	SECURITIES										Estimated average burden hours per response			
obligation may cont <i>See</i> Instru 1(b).	inue. Section	Section 17(a) of the Public Utility Holding Company Act of 1935 or Section												
Print or Type I	Responses)													
POWER JOHANNA MESSINA Sym VE				Symbol			Ticker or			5. Relationship of Reporting Person(s) to Issuer				
				VERTEX PHARMACEUTICALS INC / MA [VRTX]						(Check all applicable)				
(Month				(Month/D	te of Earliest Transaction th/Day/Year)					Director 10% Owner X Officer (give title Other (specify below)				
PHARMAC	EATED, 130		/ERLY	12/04/20	JUb					VP	& Controller			
				ndment, Date Original hth/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
CAMBRID	GE, MA 021	39								Form filed by M Person	ore than One Re	porting		
(City)	(State)	(Zip)	Table	e I - Noi	n-D	erivative (Secur	ities Acqı	uired, Disposed of	, or Beneficial	y Owned		
2. Transaction Date 2A. Deen Executivy (Month/Day/Year) Execution any (Month/Day/Year)			n Date, if Transaction(A) or Disposed of (E Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
					Code	V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	12/04/2006	5			M		72	A	\$ 9.07	5,369	D			
Common Stock	12/04/2006	5			M		178	A	\$ 9.69	5,547	D			
Common Stock	12/04/2006	5			S <u>(1)</u>		250	D	\$ 44.28	5,297	D			

401(k)

2,878

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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)

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 on f 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
Common Stock	\$ 9.07	12/04/2006		M	72	03/11/2004(2)	12/10/2013	Common Stock	72
Common Stock	\$ 9.69	12/04/2006		M	178	06/17/2004(3)	06/16/2014	Common Stock	178

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

POWER JOHANNA MESSINA C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET CAMBRIDGE, MA 02139

VP & Controller

Signatures

Valerie L. Andrews, 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 Ms. Messina-Power's company approved trading plan established under Rule 10b5-1.
- (2) Right to buy under 1996 Stock and Option Plan, vesting in 20 equal quarterly installments from 12/11/2003.

Reporting Owners 2

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(3) Right to buy under 1996 Stock and Option Plan, vesting in 20 equal quarterly installments from 3/17/2004.

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.