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VERTEX PHARMACEUTICALS INC / MA

Form 4

November 16, 2006

FORM 4 LINITED STATES SECURITIES AND EXCHANGE COMMISSION					OMB APPROVAL			
	T UNIT	TED STATE	S SECURITIES AND EXCHANGE (Washington, D.C. 20549	COMMISSION	OMB Number:	3235-0287		
Check this if no longe	Check this box				Expires:	January 31, 2005		
Form 4 or	subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					verage rs per 0.5		
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 Re	esponses)							
1. Name and Address of Reporting Person ** POWER JOHANNA MESSINA			Symbol					
			VERTEX PHARMACEUTICALS INC / MA [VRTX]	(Check	all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	DirectorX Officer (give below)		Owner er (specify		
C/O VERTEX PHARMACEUTICALS			11/15/2006	· · · · · · · · · · · · · · · · · · ·	& Controller			
INCORPORA STREET								
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joi Applicable Line) _X_ Form filed by O				
CAMBRIDG	E, MA 021	139		Form filed by Moreon				
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Ac	quired, Disposed of,	or Beneficial	ly Owned		
1 Title of	2 Transaction	n Date 2A Dec	emed 3 4 Securities Acquired	5 Amount of	6 Ownership	7 Nature of		

							arrives frequency, 2 is possed or, or 2 enteriorary o which						
	1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securi		*	5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect			
	(Instr. 3)	(<i></i>)	any	Code	(Instr. 3, 4 and 5)			Beneficially	(D) or	Beneficial			
	· · · ·		(Month/Day/Year)	(Instr. 8)	· ·			Owned	Indirect (I)	Ownership			
								Following	(Instr. 4)	(Instr. 4)			
						(A)		Reported					
						or		Transaction(s)					
				Code V	Amount	(D)	Price	(Instr. 3 and 4)					
	Common Stock	11/15/2006		S(1)	267	D	\$ 43.94	5,597	D				
	Common Stock							2,878	I	401(k)			

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

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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 Exerc	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date	Title	of		
				Codo V	(A) (D)				Shares		
				Code v	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

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.

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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