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

#### VERTEX PHARMACEUTICALS INC / MA

Form 4 July 18, 2007

# FORM 4

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

OMB 3235-0287 Number:

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

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

January 31, Expires: 2005 Estimated average

Form 4 or Form 5 obligations may continue.

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

burden hours per response... 0.5

10% Owner

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

**Graves Kurt** 

Symbol VERTEX PHARMACEUTICALS INC / MA [VRTX]

(Check all applicable)

(Last)

(First)

(Middle)

(Zip)

(Month/Day/Year)

3. Date of Earliest Transaction

Director X\_ Officer (give title

(Month/Day/Year) below) 07/17/2007

Other (specify EVP, Chief Commercial Officer

C/O VERTEX

**PHARMACEUTICALS** INCORPORATED, 130 WAVERLY

(Street)

(State)

**STREET** 

(City)

Stock

4. If Amendment, Date Original

Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check

Applicable Line)

Transaction(s)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

CAMBRIDGE, MA 02139

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

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

(A)

5. Amount of Securities Beneficially (D) or Owned Following (Instr. 4) Reported

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 6. Ownership 7. Nature of Form: Direct Indirect Beneficial Indirect (I) Ownership (Instr. 4)

Common

07/17/2007

Code V Amount 30,000 A (1)

or (Instr. 3 and 4) Price (D) \$ A 30,000

D

Common 07/17/2007 Stock

18,000 Α (2)

48,000 0.01

0.01

D

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

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#### number.

5. Number of

6. Date Exercisable and

7. Title and Amount of

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

4.

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	Disposed of (D) (Instr. 3, 4, and		Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)	
				Code V	5) (A)	(D)	Date Exercisable	Expiration Date	Title	Amount of Number of Shares
Stock Option	\$ 28.85	07/17/2007		A	100,000 (3)		10/17/2007	07/16/2017	Common Stock	100,00

# **Reporting Owners**

Relationships Reporting Owner Name / Address Director 10% Owner Officer Other

**Graves Kurt** C/O VERTEX PHARMACEUTICALS **INCORPORATED** 130 WAVERLY STREET CAMBRIDGE, MA 02139

Officer

EVP, Chief Commercial

**Signatures** 

1. Title of 2.

Valerie L. Andrews, 07/18/2007 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).

3. Transaction Date 3A. Deemed

- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Stock grant made under 2006 Stock and Option Plan vesting in four equal annual installments over four years.
- (2) Stock grant made under 2006 Stock and Option Plan vesting in 12 equal quarterly installments over three years.
- (3) Right to buy under 2006 Stock and Option Plan, vesting in 16 equal quarterly installments over four years.

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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