

VERTEX PHARMACEUTICALS INC / MA

Form 3

September 30, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 Responses)

1. Name and Address of Reporting Person \*

Â Silva Paul M  
 (Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
 09/29/2008

3. Issuer Name and Ticker or Trading Symbol

VERTEX PHARMACEUTICALS INC / MA [VRTX]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 V.P. and Corporate Controller

C/O VERTEX  
 PHARMACEUTICALS  
 INCORPORATED,Â 130  
 WAVERLY STREET

(Street)

CAMBRIDGE,Â MAÂ 02139

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,250 <sup>(1)</sup>	D	Â
Common Stock	1,000 <sup>(2)</sup>	D	Â
Common Stock	500 <sup>(3)</sup>	D	Â
Common Stock	300	I	401(k)

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

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Option	11/13/2007 <sup>(4)</sup>	08/12/2017	Common Stock	7,500	\$ 36.27	D	Â
Stock Option	05/07/2008 <sup>(5)</sup>	02/06/2018	Common Stock	7,500	\$ 18.93	D	Â
Stock Option	10/24/2008 <sup>(6)</sup>	07/23/2018	Common Stock	3,750	\$ 32.16	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Silva Paul M C/O VERTEX PHARMACEUTICALS INCORPORATED 130 WAVERLY STREET CAMBRIDGE, MA 02139	Â	Â	Â V.P. and Corporate Controller	Â

## Signatures

Valerie L. Andrews,  
Attorney-In-Fact

09/30/2008

\_\_Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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) Stock grant made under 2006 Stock and Option Plan, 750 shares vesting on 8/13/2009; 750 shares vesting 8/13/2010; and 750 shares vesting on 8/13/2011.
  - (2) Stock grant made under 2006 Stock and Option Plan vesting in four equal annual installments from 2/7/2008.
  - (3) Stock grant made under 2006 Stock and Option Plan vesting in four equal annual installments from 7/24/2008.
  - (4) Right to buy shares of Common Stock under 2006 Stock and Option Plan, vesting in 16 equal quarterly installments from 8/13/07.
  - (5) Right to buy shares of Common Stock under 2006 Stock and Option Plan, vesting in 16 equal quarterly installments from 2/7/08.
  - (6) Right to buy shares of Common Stock under 2006 Stock and Option Plan, vesting in 16 equal quarterly installments from 7/24/08.

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.