## Edgar Filing: Silva Paul M - Form 4

Silva Paul M											
Form 4 February 21,	2018										
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	<b>4</b> UNITED is box ger 6. r Filed pu 13 inue. Section 17	4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940									
(Print or Type F	Responses)										
1. Name and A Silva Paul M	Symbol VERTE	r Name and X PHAR IA [VRT]	MACEU		C .	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) C/O VERTE PHARMAC INCORPOR AVENUE	3. Date of Earliest Transaction (Month/Day/Year) 02/20/2018					Director 10% Owner X Officer (give title Other (specify below) SVP & Corp Controller					
	(Street) 4. If Ame Filed(Mor				ate Origina	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
BOSTON, N	AA 02210							Person	ore than One Rej	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative	Secur	ities Acqu	uired, Disposed of	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)		n Date, if	3. Transactio Code (Instr. 8) Code V	4. Securi on(A) or Di (Instr. 3, Amount	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/20/2018			S <u>(1)</u>	3,437	D	\$ 158.49	19,525	D		
Common Stock								169	Ι	401(k)	

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 (9-02) required to respond unless the form displays a currently valid OMB control

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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 Derivative Security (Instr. 3)	Derivative Conversion (Month/Day/Year) Ex Security or Exercise an			4. Transacti Code (Instr. 8)	of	ber vative rities ired r osed ) :. 3,	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting C	wners										
	Repor	ting Owner Name / A	Address	Di	rector	109		e <b>lationships</b> Officer			Other	
Silva Paul M C/O VERTEX PHARMACEUTICALS INCORPORATED 50 NORTHERN AVENUE BOSTON, MA 02210				ΈD			S	SVP & Co	rp Co	ntroller		
Signa	itures											

# Signatures

/s/ Stephen Migausky, Attorney-in-Fact 02/21/2018

\*\*Signature of Reporting Person

# **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).

Date

(1) Transaction made pursuant to Mr. Silva's company-approved trading plan 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.