

**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)
2023 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)**

EEOC Standard Form 100 (SF 100)
Revised 08/2023
OMB Control Number: 3046-0049
Expiration Date: 11/30/2026

SECTION A – TYPE OF REPORT
CONSOLIDATED REPORT

SECTION B – EMPLOYER IDENTIFICATION

OFS COMPANY ID
T029273

EMPLOYER NAME

VERTEX PHARMACEUTICALS INCORPORATED

ADDRESS

50 NORTHERN AVENUE

CITY/TOWN

BOSTON

STATE

MA

ZIP CODE

02210

SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)

HQ/ESTABLISHMENT-LEVEL UNIT ID

HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME

HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS

CITY/TOWN

STATE

ZIP CODE

SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)

043039129

SECTION E – EMPLOYER FILING ELIGIBILITY

YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)

YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G – NAICS INFORMATION

541714 - Research and Development in Biotechnology (except Nanobiotechnology)

SECTION H – WORKFORCE DEMOGRAPHIC DATA

JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	2	42	2	9	0	0	1	33	0	3	0	0	1	93
First/Mid-Level Officials and Managers	28	22	420	18	149	0	0	9	341	17	143	0	0	15	1162
Professionals	67	95	650	58	343	2	0	25	881	90	400	3	1	30	2645
Technicians	19	16	55	8	25	1	0	0	67	9	50	1	0	1	252
Sales Workers	1	0	14	0	0	0	0	0	14	0	0	0	0	0	29
Administrative Support Workers	8	18	21	14	4	0	0	0	56	21	14	0	0	3	159
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	5	5	12	8	4	0	0	1	3	6	2	0	0	0	46
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2023 REPORTING YEAR TOTAL	128	158	1215	108	534	3	0	36	1395	143	612	4	1	50	4387
PRIOR 2022 REPORTING YEAR TOTAL	116	137	1119	86	477	3	0	31	1220	126	532	4	1	45	3897

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/17/2023 - 12/30/2023

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

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SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

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CITY/TOWN
BOSTON

STATE
MA

ZIP CODE
02210

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

5/23/2024 2:59 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official

Lauren Bailey

Title of Certifying Official

Associate Director, HRIS

Email Address of Certifying Official

lauren_bailey@vrtx.com

Telephone Number of Certifying Official

617-974-5025

PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING

Name of Primary POC

Lauren Bailey

Title and Employer of Primary POC

Associate Director, HRIS
Vertex Pharmaceuticals

Email Address of Primary POC

lauren_bailey@vrtx.com

Telephone Number of Primary POC

617-974-5025