FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burde	en					
l	hours per response:	0.5					

Check this box if no longer subject to Section 16. 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  McCain Tracey L					2. Issuer Name <b>and</b> Ticker or Trading Symbol Blueprint Medicines Corp [ BPMC ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title Other (specify					
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019							X Officer (give title below) below)  EVP and Chief Legal Officer					
45 SIDNEY STREET					If Amendment, Date of Original Filed (Month/Day/Year)						6. Ir	6. Individual or Joint/Group Filing (Check Applicable					
(Street)  CAMBRIDGE MA 02139												Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City) (State) (Zip)												Pelson					
		Tab	le I - Non-De	rivativ	re Se	curities	s Ac	quired, Di	sposed o	of, or Bei	neficiall	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action 2A. Deemed Execution Date, if any (Month/Day/Yea		r, Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code V	Amount	(A) or (D) Price		Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$86.6	03/01/2019		A		29,900		(1)	03/01/2029	Common Stock	29,900	\$0	29,900	0	D		
Restricted Stock Units	(2)	03/01/2019		A		8,050		(3)	(3)	Common Stock	8,050	\$0	8,050		D		

## **Explanation of Responses:**

- 1. This option vests with respect to 1/48th of the shares underlying the option on April 1, 2019 and as to an additional 1/48th of the shares underlying the option each month thereafter.
- 2. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 3. The restricted stock units vest in four equal annual installments on March 1, 2020, 2021, 2022 and 2023.

/s/ Christopher Frankenfield,

Attorney-in-Fact

03/05/2019

\*\* Signature of Reporting Person

Date

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

- \* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.