Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Hurley Ariel						2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC]									licable) tor		10% O	wner
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION 45 SIDNEY STREET						3. Date of Earliest Transaction (Month/Day/Year) 03/03/2021								belov	ow) below			
RIDGE M	A 0			4. If Amendment, Date of Original Filed (Month/Day/Year) 03/05/2021)	6. Indi Line) X	Form Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	icially	/ Own	ed			
Date			Execution if any		cution Date, ny						4 and Secu Bene Own		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								v	Amount	(A) (D)	or Pri	ce	Transa	action(s)			(11341.4)	
Common Stock 03/03/2			2021			S ⁽¹⁾		512 ⁽²⁾	D	\$9	98.45 12		2,659 ⁽²⁾		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
of tive Conversion or Exercise 3) Price of Derivative Security		Code (8)	Transaction of Code (Instr. 8) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed) 1. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration		Amour		Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	(Final Conversion or Exercise Price of Derivative (Final Conversion or Exercise Price	(First) (Pirst) (Pirst	(First) (Middle) UEPRINT MEDICINES CORPOR REY STREET RIDGE MA 02139 (State) (Zip) Table I - No Security (Instr. 3) Stock Table II - Conversion or Exercise Price of Derivative Output Stock Table II - Output Stock Table II - Output Stock Table II - Output Month/Day/Year) Stock A. Dee Execut If any (Month)	(First) (Middle) UEPRINT MEDICINES CORPORATION IEY STREET RIDGE MA 02139 (State) (Zip) Table I - Non-Derivation Security (Instr. 3) 2. Transaction Date (Month/Da) Conversion or Exercise Price of Derivative (Month/Day/Year) 2. (Month/Day/Year) 3. Transaction Exercution Date (Month/Day/Year)	(First) (Middle) UEPRINT MEDICINES CORPORATION REY STREET (State) (Zip) Table I - Non-Derivative Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Stock 2. Trable II - Derivative Security (e.g., puts, case) (Month/Day/Year) 2. Trable II - Derivative Security (Month/Day/Year) 3. Dead of the public of the pu	(First) (Middle) UEPRINT MEDICINES CORPORATION REY STREET 4. If Amend 03/05/202 (State) (Zip) Table I - Non-Derivative Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Security (Instr. 3) Table II - Derivative Security (e.g., puts, calls, volume or Exercise Price of Derivative (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Date of E 03/03/2021 4. If Amend 03/05/2022 2. Transaction Date (Honth/Day/Year) 3. Date of E 03/03/2021 4. If Amend 03/05/2022 2. Transaction Date (Honth/Day/Year) 3. Date of E 03/03/2021 4. If Amend 03/05/2022 2. Transaction Date (Honth/Day/Year) 3. Date of E 03/03/2021	(First) (Middle) UEPRINT MEDICINES CORPORATION REY STREET (State) (Zip) Table I - Non-Derivative Securities Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities (e.g., puts, calls, warra 2. Conversion or Exercise Price of Derivative Security (Month/Day/Year) 3. Transaction Date (Leg., puts, calls, warra (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year)	Security (Instr. 3) Security (Instr. 3)	Blueprint Medicines C	Security (Instr. 3) Security (Instr. 3)	Blueprint Medicines Corp BPMC	Blueprint Medicines Corp BPMC Check all appropriate Check all approp	Blueprint Medicines Corp BPMC Check all applicable Director Officer (give title below) Principal Acc	Blueprint Medicines Corp BPMC Check all applicable Director Officer (give title below) Principal Accounts Officer (give title below) Officer (give title text) O	Blueprint Medicines Corp BPMC Check all applicable) Director 10% O Nother below Principal Accounting Office 10% O Nother below Principal Accounting Office 10% O Nother below Principal Accounting Office Nother below Nother below Principal Accounting Office Nother below Nother below Principal Accounting Office Nother below Nother below Principal Accounting Office Nother below Nother below			

Explanation of Responses:

- 1. Effected pursuant to a trading plan adopted on March 17, 2020 pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 2. This amendment is being filed to correct the original Form 4 filed on March 5, 2021. The number of shares sold pursuant to the Reporting Person's 10b5-1 Plan were incorrect on the original Form 4 due to an administrative error by the Reporting Person's broker. The number of shares sold were incorrectly reported as 515 and have been corrected to 512 in this amended Form 4. In addition, the total number of shares owned in Column 5 has been increased by three shares to reflect the correct number of shares held by the reporting person after this transaction.

/s/ Christopher Frankenfield, Attorney-in-Fact

03/17/2021

** Signature of Reporting Person

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.