FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHAI
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Sectio

NGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

1. Name and Address of Reporting Person* <u>Lengauer Christoph</u>						2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC]									ck all app Direc	licable)	Person(s) to Issuer 10% Owner Other (specify		
	JEPRINT I	irst) (MEDICINES CO ET, SUITE 200	Middle) RPORA	TION	11/	Date of Earliest Transaction (Month/Day/Year) 11/02/2015 4. If Amendment, Date of Original Filed (Month/Day/Year)									belov	v) Chief Scier	below)	
(Street) CAMBR)2139 Zip)			/ sincinging page of original rived (world #249/1641)								Line)	Forn	Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or I	3ene	icially	y Owne	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Exe) if a	cution ny	Deemed cution Date, y nth/Day/Year)		3. 4. Securitie Transaction Code (Instr. 8)					Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D) Pric		ice	Trans	action(s) 3 and 4)		(111311.4)	
Common	nmon Stock 11/02/20					015		S ⁽¹⁾		48,264	Г	D \$21.1 ⁽²		140,068		D			
Common	Common Stock 11/03/2				2015	015		S ⁽¹⁾		36,734	D \$20.		20.98 ⁽³	8(3) 103,334		D			
	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. Deer Execution if any (Month/I		4. Transaction Code (Instr. 8)				6. Date Expirati (Month/	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er							

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.09 to \$21.44 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$20.07 to \$21.90 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.

/s/ Christine Bellon, Attorney-

in-Fact

** Signature of Reporting Person

Date

11/04/2015

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.