FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

wasinington,	D.C. 20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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*  Hurley Ariel					. <u>Bl</u>	2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [ BPMC ]									k all appli Directo	or r (give title		son(s) to Iss 10% Ov Other (s below)	wner		
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION 45 SIDNEY STREET				11/	3. Date of Earliest Transaction (Month/Day/Year) 11/16/2020									X below) Control (specify below)  Principal Accounting Officer							
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicatione)					
CAMBRIDGE MA 02139																X Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)													Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8)			ies Acqui Of (D) (In	red (A) o str. 3, 4 a	and 5) Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o	r Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 11/10				11/16	/2020	2020		M <sup>(1)</sup>		300	300 A		8.8	10,284			D				
Common Stock 11/16/2			/2020	2020		M <sup>(1)</sup>		1,400	00 A \$		1.87	11,684		D							
Common Stock 11/16/2				/2020	2020		<b>S</b> <sup>(1)</sup>		1,700 D \$		\$10	00.92	9,984			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)	Title of 2. 3. Transaction SA. Deemed Execution Date, or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number 6		6. Date Exercisa Expiration Date (Month/Day/Yea		9	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		S	. Price of lerivative lecurity nstr. 5)	9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	oer							
Stock Option (Right to Buy)	\$8.8	11/16/2020			M <sup>(1)</sup>			300	(2)	(	02/10/2025	Commor Stock	300	0	\$0	3,864		D			
Stock Option (Right to	\$1.87	11/16/2020			<b>M</b> <sup>(1)</sup>			1,400	(3)		10/08/2024	Commor Stock	1,40	00	\$0	7,154		D			

## **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 option was granted on February 10, 2015 and is fully vested as of the date hereof.
- 3. This option was granted on October 8, 2014 and is fully vested as of the date hereof.

/s/ Christopher Frankenfield, Attorney-in-Fact

11/18/2020

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.