## FORM 4

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

Washington, D.C. 20549

wasiiiigion,	D.C.	2034

STATEMENT	OF CHANGES I	N BENEFICIAL	OWNERSHIE
	5. 5, WIGEO	:-: 101/1	

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden 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* <u>Lydon Nicholas</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Blueprint Medicines Corp [ BPMC ]								(Che	5. Relationship of Report (Check all applicable) X Director		g Person(s) to I			
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION 45 SIDNEY STREET			ION	3. Date of Earliest Transaction (Month/Day/Year) 08/19/2019										Offic belo	er (give title w)	Other below	(specify )	
(Street) CAMBR	IDGE M	IA (	)2139 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	) <b>K</b> Forr Forr	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  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)  4. Securities Acquired (ADisposed Of (D) (Instr. 3, 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
						Code	v	Amount	Amount (A) or (D)		Price	Trans	action(s) 3 and 4)		(Instr. 4)			
Common Stock 08/19				/2019				G	V	20,000	0	D	\$ <mark>0</mark>	107,727		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 Date Secution Date, or Exercise (Month/Day/Year)		Date, 7		5. Number of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		tr. 3	Price of erivative ecurity nstr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Num of Share					

**Explanation of Responses:** 

<u>/s/ Christopher Frankenfield,</u> <u>Attorney-in-Fact</u>

08/21/2019

\*\* 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.