FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFICIA	L OWNERSHIP

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

Name and Address of Reporting Person*     Rossi Christina			2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [ BPMC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below) below)  CHIEF COMMERCIAL OFFICER								
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION 45 SIDNEY STREET			3. Date of Earliest Transaction (Month/Day/Year) 03/03/2022																
(Street) CAMBR (City)	IDGE M	A 0	2139 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							i. Indiv ine) X	,					
		Table	I - No	on-Deriva	tive \$	Secui	rities	Acc	quired	l, Dis	sposed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (Disposed Of (D) (Instr. 3		ed (A) or tr. 3, 4 ar	4 and 5) Sed Bei Ow		curities For neficially (D		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) or (D)	Price		Transa	saction(s) : 3 and 4)			(mau. 4)		
Common Stock 03/03/20					)22			S <sup>(1)</sup>		1,197	D	\$60.2	28(2)	8 <sup>(2)</sup> 45,526			D		
Common	Stock			03/07/20	)22			S <sup>(1)</sup>		1,047	D	\$56.3	556.19 <sup>(3)</sup>		44,479		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date Execution Date, (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)		ition Date,	4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The sale reported on this Form 4 represents shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. The sale occurred automatically to satisfy the tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$60.27 to \$60.28 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 ranges set forth in footnotes (2) through (3) to this Form 4.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions ranging from \$56.18 to \$57.02 per share.

/s/ Ariel Hurley, Attorney-in-

**Fact** 

03/08/2022

\*\* 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.