Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	OMB APPROVAL				
C IN DENETICIAL OWNEDCHID	OMB Number:	3235-02				

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

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

1. Name and Address of Reporting Person*  Albers Jeffrey W.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Blueprint Medicines Corp [ BPMC ]									**				Owner
	JEPRINT N	rst) ( MEDICINES CO T, SUITE 200	(Middle)	ATION		3. Date of Earliest Transaction (Month/Day/Year) 08/08/2016							X Offi	- /		Other (specify below)  President			
(Street) CAMBR (City)	IDGE M	Α (	02139 (Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						ine) X Foi Foi	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
		Tabl	le I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or	Ber	efici	ally Owr	ed			
Date			2. Transa Date (Month/D	Execution D		Date,	Transaction Dispo			Securities Acquired (A) oposed Of (D) (Instr. 3, 4			d 5) Secu Bend Own	mount of irities eficially ed Following orted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D) Pr		Price	Tran	saction(s) r. 3 and 4)			(111311. 4)
Common Stock 08/08					/2016	2016			S <sup>(1)</sup>		15,992		D	\$22.	34(2)	<sup>2)</sup> 76,494			
Common	Common Stock 08/08			/2016	2016		S <sup>(1)</sup>		1,008 D \$		\$23.2	22 <sup>(3)</sup> 75,486		D					
		Та	able II -								osed of, convertib					d			
1. Title of Derivative Security (Instr. 3)	erivative ecurity or Exercise (Month/Day/Year)  Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  (Month/Day/Year)		4. Transa Code ( 8)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)  Amount or Numbro of Title Share:		nstr. 3	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Inc (I) (In	t (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **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 \$22.15 to \$23.14 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) and (3) to this Form 4.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$23.15 to \$23.42 per share.

/s/ Christopher Frankenfield, Attorney-in-Fact 08/10/2016

\*\* 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.