FORM 4

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
Section 16. Form 4 or Form 5		
obligations may continue. See		

**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 Haviland Kate						Blueprint Medicines Corp [ BPMC ]								eck all applic	or		10% Ow	ner	
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION 38 SIDNEY STREET, SUITE 200						3. Date of Earliest Transaction (Month/Day/Year) 03/14/2017								X Officer (give title Other (specify below)  Chief Business Officer					
(Street) CAMBRIDGE MA 02139  (City) (State) (Zip)				-	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			action	ction 2A. Exe ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		5. Amou Securiti Benefici Owned	nt of es ally Following	Form:	Direct Conditions of the Direct Formula (1)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)						
Common Stock 03/14/2					1/2017	2017			M <sup>(1)</sup>		12,714	A	\$16.28	3 12	12,714		D		
Common Stock 03/14/2				1/2017	2017					12,714	D	\$40.01	3) 0			D			
		-	Table II								osed of, converti		-	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,		Fransaction Code (Instr.		n of		xerci in Dai ay/Ye		of Securities		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. 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	Amount or Number of Shares						
Stock Option (Right to Buy)	\$16.28	03/14/2017			M <sup>(1)</sup>			12,714	(4)		02/01/2026	Common Stock	12,714	\$0	87,286	5	D		

## **Explanation of Responses:**

- 1. The exercise reported on this Form 4 was effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Securities Exchange Act of 1934, as amended (the "Exchange Act").
- 2. The sales reported on this Form 4 were effected pursuant to a trading plan adopted pursuant to Rule 10b5-1 under the Exchange Act.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$39.77 to \$40.27 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.
- 4. This option was granted on February 1, 2016. This option vests with respect to 25% of the shares underlying the option on January 5, 2017 and as to an additional 1/48th of the shares underlying the option each month thereafter

/s/ Christopher Frankenfield, Attorney-in-Fact

03/16/2017

\*\* 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.