FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

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

| | ions may conti tion 1(b). | nue. <i>See</i> | | Filed | | to Section 16(on 30(h) of the | | | | | | | 4 | | hours | per re | sponse: | 0.5 |
|---|--|-----------------|---|---------|--|-----------------------------------|------|-----------|-------|----------|----------|---|---|----------------------|--|--|--|------------|
| 1. Name and Address of Reporting Person* Rossi Christina (Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION | | | | | 2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC] 3. Date of Earliest Transaction (Month/Day/Year) 11/01/2019 | | | | | | (Ch | eck all appli Directo X Officer below) | tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) below) Chief Commercial Officer | | | | | |
| 45 SIDNEY STREET (Street) CAMBRIDGE MA 02139 (City) (State) (Zip) | | | | | 4. If Ame | endment, Date | of C | Original | Filed | (Month/D | ay/Ye | ear) | Line | X Form | filed by On | e Rep | g (Check Ap orting Person One Repo | on . |
| | | Tab | le I - Non | -Deriva | ative Se | curities Ac | qu | ıired, | Disp | osed (| of, c | or Bene | eficial | ly Owned | t | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | action 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Code (Instr. 5) | | | | | Benefici | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | t | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 11/01 | | | | 11/01 | /2019 | | | M | | 1,12 | .5 | A | (1) | 1, | 125 | | D | |
| | | T | | | | urities Acq s, warrants | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | i. Fransaction Code (Instr. 3) | | Expiration Date (Month/Day/Year) s | | | Amount of | | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Date Exercisable

(2)

Expiration

(2)

Date

Title

Common

Stock

Explanation of Responses:

Restricted Stock Units

1. Restricted stock units convert into common stock on a one-for-one basis.

11/01/2019

2. On November 1, 2018, the reporting person was granted 4,500 restricted stock units, vesting in four equal annual installments on November 1, 2019, 2020, 2021 and 2022.

(A)

1,125

(D)

/s/ Christopher Frankenfield,

Amount Number

Shares

1,125

\$<mark>0</mark>

11/05/2019

3,375

D

Attorney-in-Fact

** 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).

Code ν

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.