FORM 4

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

STATEMENT	OF CH	IANGES	IN BENEF	FICIAL	OWNER	SHIP

OMB APP	ROVAL
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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*  Murray Christopher K.			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					wner			
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION			3. Date of Earliest Transaction (Month/Day/Year) 03/03/2022								SVP, TECHNICAL OPERATIONS								
45 SIDNEY STREET													C. Ladicidus Law Jaint/Consus Ellins (Charles L. L.						
(Street)	IDGE M	A 0	2139		4. If Amendment, Date of Original Filed (Month/Day/Year)							. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					on		
(City)	(S	tate) (Z	Zip)			1 013011													
		Table	I - No	on-Deriva	tive S	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 Disposed Of		s Acquired (A) or f (D) (Instr. 3, 4 and		nd 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount	(A) or (D)	Price		Transa	action(s) . 3 and 4)			(111501. 4)			
Common Stock 03/03/20			)22			S <sup>(1)</sup>		1,066	D	\$60	.27	24	4,322		D				
Common Stock 03/07/20			)22		S <sup>(1)</sup>		502	D	\$ <del>56</del> .	\$56.19 <sup>(2)</sup>		23,820		D					
		Tal	ole II								osed of, convertib				Owned	t			
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, ecurity   or Exercise   (Month/Day/Year)   if any			Transaction of Code (Instr. Deriva		vative crities critied r osed ) r. 3, 4	Expiration Date		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	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 \$56.18 to \$57.11 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 set forth herein.

/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.