FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHAN	NGES IN BE	NEFICIAL (OWNERSHIP

1	OND AFF	TOVAL
	OMB Number:	3235-0287
	Estimated average b	urden
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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* Albers Jeffrey W.					2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC]								5. Rel	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Albers Jeffrey W.													X	X Director		10% (Owner	
		rst) (I MEDICINES CO T, SUITE 200	Middle)	TION		ate of 28/20		st Trans	saction (f	Month	/Day/Year)			X	Offic belov	,	Other below l President	(specify)
(Street) CAMBR (City)	IDGE M.	A 0	2139 Zip)		- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,					urities Acquired (A) o ed Of (D) (Instr. 3, 4			Secur Benef	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) (D)	or P	ice	Trans	action(s) 3 and 4)		(Instr. 4)		
Common Stock 06/28/20			2017	017		S ⁽¹⁾		7,566	D \$51		51.21 ⁽²⁾	47,920		D				
Common Stock 06/28/20			2017	017		S ⁽¹⁾		10,205	10,205 D \$5		50.22 ⁽³⁾	22 ⁽³⁾ 37,715		D				
Common Stock 06/28/20			2017	017		S ⁽¹⁾		2,229 D \$4		549.1 ⁽⁴⁾	.1 ⁽⁴⁾ 35,486		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security or Exercise (Month/Day/Year) if any				med on Date, Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercisabl Expiration Date (Month/Day/Year)		te Amount of Securities Underlying Derivative Security (Instant)		nt of ties lying tive ty (Ins	r. 3		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Shar					

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 \$50.59 to \$51.58 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), (3) and (4) to this Form 4.
- 3. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$49.57 to \$50.53 per share.
- 4. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$48.96 to \$49.31 per share.

<u>/s/ Christopher Frankenfield,</u> Attorney-in-Fact

06/30/2017

** 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.