The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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UNI	TED STATES SECURITIES Washingto	5 AND EXCHAN on, D.C. 20549	GE COMMISSION	OMB APPROVAL OMB 3235-
	FC	DRM D		Number: 0076 Estimated average burden
	Notice of Exempt	Offering of Secu	rities	hours per response: 4.00
1. Issuer's Identity				
CIK (Filer ID Nur	nber) Previous Names	X None		Entity Type
0001597264			X Corporatio	n
Name of Issue	r		Limited Pa	rtnership
Blueprint Medicines Corp			Limited Li	ability Company
Jurisdiction o			General Pa	rtnership
Incorporation/Organ DELAWARE	nization		Business T	
Year of Incorpora	tion/Organization		Other (Spe	cify)
X Over Five Years Ago	don/Organization			
Within Last Five Years (S	Specify Year)			
Yet to Be Formed	specify real)			
2. Principal Place of Busines	s and Contact Information			
Name Blueprint Medicines Corp	of Issuer			
	Address 1		Street Address 2	
215 FIRST STREET			Street Address 2	
City	State/Province/Country	ZIP/Pos	talCode Phone Num	iber of Issuer
CAMBRIDGE	MASSACHUSETTS	02142	617-374-7580)
3. Related Persons				
Last Name Borisy	Firs	st Name	Middle Na	me
Street Address 1		Address 2		
215 First Street				
City	State/Prov	vince/Country	ZIP/PostalC	Code
Cambridge	MASSACHUSE	ΓTS	02142	
Relationship: X Executive	Officer X Director Promot	er		
Clarification of Response (if	Necessary):			
Last Name	Firs	st Name	Middle Na	me
Kuvalanka	Kyle			
Street Address 1	Street	Address 2		
215 First Street		• • • •		
City		vince/Country	ZIP/PostalC	Code
Cambridge	MASSACHUSE	FTS	02142	

Relationship: X Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Bellon Streat Address 1	Christine	
Street Address 1 215 First Street	Street Address 2	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necessa	ury):	
Last Name	First Name	Middle Name
Lengauer	Christoph	S.
Street Address 1 215 First Street	Street Address 2	
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necessa	ury):	
Last Name	First Name	Middle Name
Lynch	Daniel	
Street Address 1	Street Address 2	
215 First Street City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: Executive Officer <i>X</i>		<u> </u>
Clarification of Response (if Necessa		
Last Name	First Name	Middle Name
Knight	Stephen	
Street Address 1	Street Address 2	
215 First Street City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142
Relationship: Executive Officer <i>X</i>	X Director Promoter	
Clarification of Response (if Necessa	ury):	
Last Name	First Name	Middle Name
Schroeder	Thilo	
Street Address 1	Street Address 2	
215 First Street		
City Cambridge	State/Province/Country MASSACHUSETTS	ZIP/PostalCode 02142
Relationship: Executive Officer <i>Σ</i>		
Clarification of Response (if Necessa		
Last Name	First Name	Middle Name
Lydon	Nick	windlife ivallie
Street Address 1	Street Address 2	
215 First Street		
City	State/Province/Country	ZIP/PostalCode
Cambridge	MASSACHUSETTS	02142

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

La	ast Name	First Name	Middle Name
Schenkein		David	
Stree	et Address 1	Street Address 2	
215 First Street			
	City	State/Province/Country	ZIP/PostalCode
Cambridge		MASSACHUSETTS	02142
Relationship:	Executive Office	r X Director Promoter	

Clarification of Response (if Necessary):

4. Industry Group

Investing Pooled Investment Banking Pooled Investment Fund Other He Is the issuer registered as an investment company under the Investment Company Act of 1940? Commerce Version No Constructe Version No Constructe Other Banking & Financial Services REITS & Residentia Energy Other Real Estate Coal Mining Electric Utilities	IncludingnologyRestaurantssuranceTechnology& PhysiciansComputerseuticalsTelecommunicationsalth CareOther TechnologyingTravelAirlines & AirportscialLodging & ConventionstionTourism & Travel ServicesFinanceOther TravelalOther
Energy Conservation Environmental Services Oil & Gas	

Other Energy

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
No Revenues		No Aggregate Net Asset Value
\$1 - \$1,000,000		\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		\$50,000,001 - \$100,000,000
Over \$100,000,000		Over \$100,000,000
X Decline to Disclose		Decline to Disclose
Not Applicable		Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

Rule 504(b)(1) (not (i), (ii) or (iii))

Investment Company Act Section 3(c)

Rule 504 (b)(1)(i)	Section 3(c)(1)	Section 3(c)(9)			
Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)			
Rule 504 (b)(1)(iii) Rule 505	Section 3(c)(3)	Section 3(c)(11)			
X Rule 506(b)	Section 3(c)(4)	Section 3(c)(12)			
Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)			
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)			
	Section 3(c)(7)				
7. Type of Filing					
X New Notice Date of First Sale 2014-01-06 Amendment	First Sale Yet to Occu	r			
8. Duration of Offering					
Does the Issuer intend this offering to last more	than one year? Yes 2	X No			
9. Type(s) of Securities Offered (select all that a	pply)				
X Equity		led Investment Fund Interests			
Debt		ant-in-Common Securities			
	Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities Security to be Acquired Upon Exercise of Option, Warrant or Other (describe)				
Other Right to Acquire Security	Oth	er (describe)			
10. Business Combination Transaction					
Is this offering being made in connection with a a merger, acquisition or exchange offer?	business combination t	ransaction, such as Yes X No			
Clarification of Response (if Necessary):					
11. Minimum Investment					
Minimum investment accepted from any outsid	e investor \$0 USD				
12. Sales Compensation					
Recipient	Recipient C	CRD Number X None			
(Associated) Broker or Dealer X None	(Associated	l) Broker or Dealer CRD Number X Nor	ie		
Street Address 1		Street Address 2			
City	State/Provir	ice/Country	ZIP/Postal Code		
State(s) of Solicitation (select all that apply) Check "All States" or check individual States	All States Foreign/n	on-US			
13. Offering and Sales Amounts					
Total Offering Amount \$25,099,995 USD	or Indefinite				
Total Amount Sold \$23,199,996 USD					
Total Remaining to be Sold \$1,899,999 USD	or Indefinite				
Clarification of Response (if Necessary):					
14. Investors					
Select if securities in the offering have been	or may be sold to persor	ns who do not qualify as accredited			

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering. Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

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15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Blueprint Medicines Corp	Christine Bellon	Christine Bellon	Secretary	2014-01-17

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.