FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWN
nstruction 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
Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC]

1. Name and Address of Reporting Person* Borisy Alexis					2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC]							(Ch	telationship eck all appli Directo	cable)	Reporting Person(s) to Issuer le) 10% Owner				
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/12/2024							Officer below)	(give title		Other (below)	specify		
C/O BLUEPRINT MEDICINES CORPORATION 45 SIDNEY STREET				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(Street)	IDGE M	ſΑ	02139												Form t Persor		re thai	n One Repo	orting
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	quired,	Disp	osed o	of, or B	ene	eficial	ly Owned	t			
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L			Day/Year) if an		ZA. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispos		Dispose	rities Acq d Of (D) (uired Instr.	(A) or 3, 4 and	Benefici	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or	Price	Transac (Instr. 3	ction(s)			(111501.4)
Common Stock 06/3			06/12	2/2024				A ⁽¹⁾		2,242 A		4	\$ <mark>0</mark>	74,160			D		
		Т	able II - I						uired, D s, optior						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date,	I. Fransaction Code (Instr. 3)		ı of		6. Date Exercisabl Expiration Date (Month/Day/Year)		Amount of			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio (Instr. 4)	s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	OI N Of	umber					
Stock Option	\$106.14	06/12/2024			A		4,570		(2)	00	5/12/2034	Commo	n 4	1,570	\$0	4,570		D	

(Right to Buy)

1. The reported transaction involved the Reporting Person's receipt of a grant of restricted stock units. The restricted stock units vest with respect to 100% of the shares underlying the restricted stock units on the earlier of (i) June 12, 2025 and (ii) the next annual meeting of the Issuer's stockholders. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.

2. This option vests with respect to 100% of the shares underlying the option on the earlier of (i) June 12, 2025 and (ii) the next annual meeting of the Issuer's stockholders.

/s/ Melissa Masse 06/14/2024

** 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.