(City)

(State)

1. Name and Address of Reporting Person*

TRV GP II, LLC

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ΔΝ

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden response: 0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box if no longer subject to Section 16. Form 4 or Form 5

	ions may contir tion 1(b).	nue. See		File							urities Exchan		1934			hours	per response:	0
1. Name and Address of Reporting Person* Third Rock Ventures II, L.P.				2. 1	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director X 10% Own					
(Last) (First) (Middle) C/O THIRD ROCK VENTURES, LLC					3. Date of Earliest Transaction (Month/Day/Year) 02/07/2017								Offic belo	er (give title w)		Other (specify below)		
29 NEWBURY STREET, 3RD FLOOR (Street)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
BOSTON MA 02116 (City) (State) (Zip)			-									X Form filed by More than One Reporting Person						
(0.5)				lon-Deriv	vative	e Sec	curitie	s Ac	auire	d. D	isposed o	f. or B	enefic	ially	Own	ed		
1. Title of S	1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)			tion	on 2A. Deemed Execution Date,		ate,	3. Transaction Code (Instr. 8)			Acquire	5. Amount of Securities Beneficially Owned Followin		nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indired Beneficia Ownersh		
									Code	v	Amount	(A) or (D)	or Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			02/07/2	2017				S		1,000,000	D	\$35.	275(1)	4,	453,753	D ⁽²⁾	
Common Stock													-	.06,490	D ⁽³⁾			
Common Stock													<u> </u>	.06,493	D ⁽⁴⁾			
		Та	able II								posed of, convertib				wned			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercic Price of Derivativ Security		on Date Exectification (Month/Day/Year) Exectification (Month/Day/Year)				ransaction of ode (Instr. Derivative		6. Date Exe Expiration I (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersl (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares					
l		Reporting Person*																
		(First) VENTURES, LERET, 3RD FLO	LC	⁄liddle)														
(Street) BOSTO	N	MA	0:	2116														
(City)		(State)	(Z	Zip)														
l		Reporting Person*	<u>.P.</u>															
		(First) VENTURES, LERET, 3RD FLO	LC	∕liddle)														
(Street)	N	MA	0	2116														

(Last)	(1 1131)	(wildule)
C/O THIRD RC	CK VENTURES, LLC	
	STREET, 3RD FLOOR	
25 NEWBORT	JIKEEI, JKD I EOOK	L
(Street)		
BOSTON	MA	02116
DOSTON	IVIA	02110
(City)	(Ctata)	(7in)
(City)	(State)	(Zip)
1. Name and Addre	ss of Reporting Person*	
LEVIN MAE	<u>RK J</u>	
-		
(Last)	(First)	(Middle)
	OCK VENTURES, LLC	,
29 NEWBURY	STREET, 3RD FLOOR	
(Stroot)		
(Street) BOSTON	MA	02116
DOSTON	IVIA	02110
(0:1)	(0) (1)	(7 :)
(City)	(State)	(Zip)
1. Name and Addre	ss of Reporting Person*	
STARR KEV		
<u>DIFFICULTY</u>	1111	
(Last)	(First)	(Middle)
	,	,
	OCK VENTURES, LLC	
29 NEWBURY	STREET, 3RD FLOOR	
(Street)	264	00446
BOSTON	MA	02116
(City)	(State)	(Zip)
1 Name and Addre	ss of Reporting Person*	
TEPPER RO	· -	
TETTERRO	DLKI I	
(1+)	(FireA)	(A 4: -1-11-)
(Last)	(First)	(Middle)
C/O THIRD RC	OCK VENTURES, LLC	
29 NEWBURY	STREET, 3RD FLOOR	L
-		
(Street)		
BOSTON	MA	02116
(City)	(Ctoto)	(7in)

(Middle)

Explanation of Responses:

- 1. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$35.25 to \$35.45, inclusive. 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 this footnote (1).
- 2. These shares are directly held by Third Rock Ventures II, L.P. ("TRV II"). The general partner of TRV II is Third Rock Ventures GP II, L.P. ("TRV GP II"). The general partner of TRV GP II is TRV GP II, LLC ("TRV GP II"). The individual managers of TRV GP II LLC, Levin, Starr ("Starr") and Dr. Robert Tepper ("Tepper"). Each of TRV GP II, TRV GP II LLC, Levin, Starr and Tepper disclaims beneficial ownership of the shares except to the extent of its or his pecuniary interest therein, if any, and this report shall not be deemed an admission that it or he is the beneficial owner of such shares.
- $3. \ \mbox{These}$ shares are directly held by Tepper.

(State)

(Zip)

4. These shares are directly held by Levin. $\,$

Remarks:

(City)

(Last)

(First)

/s/ Kevin Gillis, Chief Financial Officer of TRV GP II, LLC, general partner of Third Rock Ventures GP II, L.P., general partner of Third Rock Ventures II, L.P.	02/09/2017
/s/ Kevin Gillis, Chief Financial Officer of TRV GP II, LLC, general partner of Third Rock Ventures GP II, L.P.	02/09/2017
/s/ Kevin Gillis, Chief Financial Officer of TRV GP II, LLC	02/09/2017
/s/ Kevin Gillis by power of attorney for Mark Levin	02/09/2017

/s/ Kevin Gillis by power of attorney for Kevin Starr

/s/ Kevin Gillis by power of attorney for Dr. Robert Tepper

02/09/2017

02/09/2017

** 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.