SEC For	rm 4 FORM	4 1	UNITED	) STA	ΓES	S SE	CUR	ITI	ES AND	E	ХСНА	NG	E CO	OMM	ISSION				
									ngton, D.C.						OMB APPROVAL				
Section 16. Form 4 or Form 5 obligations may continue. See					1 purs	JT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									SHIP	Estim	OMB Number: 3235-028 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person <sup>*</sup> Demetri George						2. Issuer Name <b>and</b> Ticker or Trading Symbol Blueprint Medicines Corp [ BPMC ]									Relationship neck all appli X Directo	cable)	Reporting Person(s) to Issuer Ile) 10% Owner		
(Last) (First) (Middle) C/O BLUEPRINT MEDICINES CORPORATION				ION	3. Date of Earliest Transaction (Month/Day/Year) 06/24/2020										Officer below)	(give title	give title Other (specify below)		
45 SIDNEY STREET (Street) CAMBRIDGE MA 02139					4. If Amendment, Date of Original Filed (Month/Day/Year)									Lin	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	· · · · · · · · · · · · · · · · · · ·	(Zip)																
1. Title of Security (Instr. 3) Date								3.         4. Securities Acquired (A)           Transaction         Disposed Of (D) (Instr. 3.				i (A) or	or 5. Amount o				7. Nature of Indirect		
					Month/Day/Year)		if any (Month/Day/Year		Code (Instr.				. <b>5</b> , 4 am	Benefici Owned F	ally Following	(D) o		Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 06/24				/202	2020		A <sup>(1)</sup>		2,250 A		\$ <mark>0</mark>	6,024			D				
		Т	able II - I	Derivat (e.g., p	ive : uts,	Secu calls	irities 5, warr	Acc ant	uired, Di s, options	spo s, c	osed of onverti	, or l ble s	Bene secur	ficially ities)	/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) Jate (Month/Day/Year) (Month/Day/Year)			Date, 1	Code (Instr.		5. Nun of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties red	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title		Amount or Number of Shares					
Stock						1	1									1			1

**Explanation of Responses:** 

\$76.24

Option (Right to

Buy)

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) the next annual meeting of the Issuer's stockholders and (ii) June 24, 2021. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
 This option vests with respect to 100% of the shares underlying the option on the earlier of (i) the next annual meeting of the Issuer's stockholders and (ii) June 24, 2021.

(2)

<u>/s/ Christopher Frankenfield,</u> <u>Attorney-in-Fact</u>	<u>06/26/2020</u>
** Signature of Reporting Person	Date

4,500

\$<mark>0</mark>

4,500

D

Common

Stock

06/24/2030

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).

06/24/2020

\*\* 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.

4,500