FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	hours per respense:	0.5								

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*  Lydon Nicholas  (Last) (First) (Middle)  C/O BLUEPRINT MEDICINES CORPORATION 45 SIDNEY STREET  (Street)  CAMBRIDGE MA 02139					3. E 06/	2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [ BPMC ]  3. Date of Earliest Transaction (Month/Day/Year) 06/12/2024  4. If Amendment, Date of Original Filed (Month/Day/Year)  Rule 10b5-1(c) Transaction Indication										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  I Director 10% Owner Officer (give title Other (specify below)  6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)					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.															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution D			´   c	Transact Code (In:		4. Secur Dispose 5)	rities Acquired (A) ed Of (D) (Instr. 3, 4		(A) or 3, 4 and	Benefic	es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									c	Code \	<b>,</b>	Amount	(A (D	) or	Price	Transac (Instr. 3	ction(s)		[	(111501.4)
Common Stock 06/12/2					2/2024					<b>A</b> <sup>(1)</sup>		2,242	2,242 A		\$0	+	58,026		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transactio Code (Insti				6. Date Exercisabl Expiration Date (Month/Day/Year)			Amount of			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration ate	Title	O N	umber					
Stock Option (Right to Buy)	\$106.14	06/12/2024			A		4,570		(	(2)	06	5/12/2034	Commo		1,570	\$0	4,570		D	

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

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.