Check

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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Check this box if no longer subject							
to Section 16. Form 4 or Form 5							
obligations may continue. See							
Instruction 1(h)							

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* Durso-Bumpus Debra					2. Issuer Name and Ticker or Trading Symbol Blueprint Medicines Corp [BPMC]							Checl	all app Direc	onship of Reportin Ill applicable) Director Officer (give title		on(s) to Is 10% O Other (s	wner			
	(Fii JEPRINT M EY STREE	MEDICINES CC	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021							X	below	<i>ı</i>) ``	below) People Officer				
(Street) CAMBR (City)	IDGE M.		2139 Zip)		4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form	or Joint/Group Filing (Check Applicable rm filed by One Reporting Person rm filed by More than One Reporting rson				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			Execution Date,		3. 4. Securities Transaction Code (Instr. 8)		s Acquired (A) or f (D) (Instr. 3, 4 a		and 5) Securi Benefi		ties cially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount	(A) or (D)	Price	Trans		action(s) 3 and 4)			(1113411 4)		
Common Stock 03/04/2			021		S ⁽¹⁾		109	D	\$88.	96 ⁽²⁾	32,458			D						
Common Stock 03/04/20				021			S ⁽¹⁾		1,584	D	\$86	.61	30,874			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security 1. Title of Conversion Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			Fransaction of Code (Instr. Derivative		ative rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y D	0. Ownership orm: Direct (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	1 1	or Number of Shares							

Explanation of Responses:

- 1. The sale reported on this Form 4 represents shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. The sale occurred automatically to satisfy the tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the Reporting Person.
- 2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$88.93 to \$89.01 per share. 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 range set forth in this footnote.

/s/ Christopher Frankenfield,

03/05/2021

Attorney-in-Fact ** 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.