FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| I, D.C. 20049 | OMB APP | OMB APPROVAL | | | | | |
|---------------------------|-------------|--------------|--|--|--|--|--|
| C IN DENETICIAL OWNEDCHID | OMB Number: | 3235-028 | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* Forrester Robert | | | | | | | | | er or Tra | | Symbol | | | | | | p of Reportir blicable) ctor | ng Perso | on(s) to Is | |
|---|--|-----|------------------|--|---------|-----------------|---|--------|--------------------------------------|---------|--|-------|--------------------------|---|---|--|---|--|---|------------|
| (Last) (First) (Middle) C/O VERASTEM, INC., 215 FIRST STREET, SUITE 440 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2013 | | | | | | | | | X | Officer (give title below) President a | | it and (| Other (specify below) and CEO | | | |
| (Street) CAMBR (City) | | |)2142 (Zip) | | - 4. If | f Ame | ndment, | Date o | f Origina | l Filed | d (Month/Da | ay/Ye | ear) | | i. Indiv ine) X | Forn | r Joint/Group n filed by On n filed by Mo on | e Repoi | ting Pers | son |
| | | Tab | le I - No | n-Deri\ | /ative | Sec | curitie | s Acc | quired, | Dis | posed o | of, o | r Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Day/Year) if any | | xecution any | A. Deemed Recution Date, any Ionth/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Sec Ber Ow | | . Amount of ecurities eneficially wned Following eported | | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(c) | | | | (111511.4) |
| Common | Common Stock 08/01 | | | | | /2013 | | | F | | 8,360 ⁽¹⁾ D | | D | \$15 | 5.19 246,614 | | 6,614 ⁽²⁾ | | D | |
| | | Ta | | | | | | | | | osed of, onvertib | | | | | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, Tra urity or Exercise (Month/Day/Year) if any Co | | Transa Code (| 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | 6. Date E Expiration (Month/E | | Am Sec Und Der Sec | or | | | vative urity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

- 1. Shares withheld by Registrant to satisfy statutory withholding requirements upon vesting of restricted stock units.
- 2. Represents 157,328 shares of common stock and 89,286 restricted stock units. The reporting person's shares of common stock are subject to a lock-up agreement among the reporting person, Jefferies LLC and Leerink Swann LLC.

/s/ John B. Green, attorney-in-

08/05/2013

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.