FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL
1	OMB Number:	3235-0287
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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(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* PIEN HOWARD H						2. Issuer Name <b>and</b> Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
TILIVIIOWIND II					. ID	IDRA ]								V Director			10% Ov	-	
(Last) (First) (Middle)														Officer below)	(give title		Other (s below)	pecify	
C/O IDERA PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year)													
							06/04/2019												
505 EAGLEVIEW BLVD., SUITE 212							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)					·				· ·	•		,	Line	,	·	Ü	` ''		
EXTON	PA	A	19341														rting Persor		
					_								Form filed by More than One Reporting Person						
(City)	(S	(State) (Zip)																	
		Tal	ole I - Non	-Deriv	zativ	<u>م ح</u>	curitio	s Δ c	auired D	ier	need o	f or Bor	oficiall	v Owned					
			JIE I - NOI			_			<del>'</del>	131								7 11-4	
1. Title of Security (Instr. 3) 2. Transa Date					2A. Deem Execution						and Securities		Form	n: Direct	7. Nature of Indirect				
(Month/D					Day/Ye	Day/Year) if any (Month/Day/Year			ear) 8) 5)				Beneficia Owned F	ollowing (i) (Ir		nstr. 4)	Beneficial Ownership		
									Code	,	A a	(A) or	Dries	Reported Transact				(Instr. 4)	
									Code		Amount	(D)	Price	(Instr. 3 a	ınd 4)				
			Table II - I	Deriva	tive	Sec	urities	Acq	uired, Dis	spo	sed of,	or Bene	ficially	Owned					
			(	(e.g., p	outs,	call	ls, warr	ants	s, options	, C	onvertib	le secu	rities)						
1. Title of	2.	3. Transaction Date (Month/Day/Year)	3A. Deemed						6. Date Exerc		ble and	7. Title an		8. Price of	9. Number		10.	11. Nature	
Derivative Security	Conversion or Exercise		Execution D if any		Transa Code (I				Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Ownership Form:	Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day/Year) 8		3)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Derivative Sec (Instr. 3 and 4)					(Instr. 5)	Beneficially Owned Following Reported			Ownership (Instr. 4)	
	Security								(			.u <del>.,</del>		(5 4)					
												Transaction(s)	on(s)						
															(Instr. 4)				
													Amount or						
									Date	,	Expiration		Number of						
				c	Code	٧	(A)	(D)	Exercisable		Date	Title	Shares						
Stock					T														
Option (Right to Buy) <sup>(1)</sup>	\$2.57	06/04/2019			A		11,500		06/04/2020 <sup>(2)</sup>		06/04/2029	Stock	11,500	\$0	11,500	0	D		

## **Explanation of Responses:**

- 1. Non-qualified stock options granted, under the Issuer's 2013 Stock Incentive Plan, on the date of the Issuer's 2019 annual meeting of stockholders at an exercise price equal to the closing price of the Issuer's common stock on the date of grant, pursuant to the Issuer's director compensation policy.
- 2. The options vest in full and become immediately exercisable on June 4, 2020 (first anniversary of the date of grant), subject to continued service as a director of the Issuer.

/s/ Howard H. Pien 06/06/2019

\*\* 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.