FORM 4

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

Washington, D.C. 20549

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

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  GOWEN MAXINE						2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDRA]										onship of Reporting I ill applicable) Director		10% Owner	
(Last) (First) (Middle) C/O IDERA PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/03/2016									belo	er (give title w)		Other (specify below)	
167 SIDNEY STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) CAMBRIDGE MA 02139															Forr	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (Z	Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. and 5)						Secu	ficially d	6. Owner Form: Di (D) or Indirect ( (Instr. 4)	rect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	Amount		A) or D)	Price	Repo Trans		(111501.4)		(111501. 4)				
Common Stock 10/03/20						016			P <sup>(1)</sup>		4,102	:	A	\$2.5	5	0,543	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)			Code (Ir	Transaction Code (Instr. I		rative rities ired rosed ) 3, 4	6. Date Expiration (Month/D	n Datay/Ye	e Amount of		str.	. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form: Direct or Inc (I) (In: 4)	: t (D) tirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

1. This stock was issued to the reporting person pursuant to her election under the Issuer's director compensation program in lieu of cash.

<u>/s/ Maxine Gowen</u> <u>10/04/2016</u>

\*\* 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.