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

	ess of Reporting Per NCENT	rson [*]	2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC.		tionship of Reporting Per all applicable) Director	rson(s) to Issuer		
(Last) C/O IDERA PHA	(First) ARMACEUTICA	(Middle) LS, INC.	IDRA 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2016	X	Officer (give title below) President & C	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		X		•		
(City)	(State)	(Zip)						
MILANO VINCENT IDELIVATITATIVI/ACCEDITIONED, [IDRA] X Director 10% Owner (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) V V Officer (give title below) Other (specify below) C/O IDERA PHARMACEUTICALS, INC. 3. Date of Earliest Transaction (Month/Day/Year) 03/15/2016 V President & CEO 167 SIDNEY STREET 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Streeth (Street) CAMBRIDGE MA 02139 Form filed by One Reporting Person Form filed by More than One Reporting Person								

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned	(D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock	03/15/2016		Р		40,000	A	\$1.97 ⁽¹⁾	246,527 ⁽²⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g. puts calls warrants options convertible securities)

(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. Transact Code (In 8)				6. Date Exerc Expiration D (Month/Day/	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The transaction reported herein reflects an aggregate of purchases at per share prices ranging from \$1.94 to \$2.00 inclusive. The Reporting Person further undertakes to provide, upon request by the Commission staff, the Issuer, or a security holder of the Issuer, full disclosure with respect to the manner of shares purchased at each separate price.

2. Includes 6,527 shares acquired under the IDRA employee stock purchase plan on February 29, 2016.

/s/ Vincent J Milano

** Signature of Reporting Person

03/16/2016

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.