Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

| | OMB APPROVAL | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-028 | | | | | | | | | | |
| | Estimated average burden hours per response: 0.5 | | | | | | | | | | |
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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

| 1. Name ar | 2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDRA] | | | | | | | | | ck all app Direc | ctor 10° | | 10% O | wner | | | | | |
|--|--|-------|--------|----------|-----------------|---|---|--|-----------------|-----------------------|--|--|----------------------|---|---|--|-----------|---|---------|
| (Last) (First) (Middle) C/O IDERA PHARMACEUTICALS, INC. 505 EAGLEVIEW BLVD., SUITE 212 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020 | | | | | | | | | belov | er (give title v) | | Other (below) | specify |
| (Street) EXTON PA 19341 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Inc Line) X | · | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or I | 3ene | ficiall | y Own | ed | | | |
| 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. 5) | | | | Securi Benefi | ecurities eneficially wned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | Code | v | Amount | | | or F | Price | Transa | action(s) 3 and 4) | | | (1130.4) | | | | | | |
| Common Stock 04/01/2 | | | | | 2020 | | A | | 14,926(1 |) | A : | \$1.28 | 1.28 80,35 | | | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | | ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity istr. 5) | tive derivative sy Securities | Ownersh Form: Direct (D or Indirec (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercis | sable | Expiration Date Title | | Numl of Share | | | | | | |

Explanation of Responses:

1. This stock was issued to the reporting person pursuant to his election, under the Issuer's director compensation program, to receive common stock in lieu of cash fees.

04/03/2020 /s/ James A Geraghty

** 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.