FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vasilington, D.C. 20049

	OMB APPROVAL
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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

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1. Name and Address of Reporting Person* GERAGHTY JAMES A						2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GERAGHI I JAMES A					IDI	IDRA]							X Directo	r		10% Ov	ner	
(14) (5:4) (44:-41-)												Officer below)	(give title		Other (s	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							20.01.,			20.01.7		
C/O IDERA PHARMACEUTICALS, INC. 505 EAGLEVIEW BLVD., SUITE 212						06/04/2019												
						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
(Street)					- "	Ame	marrient, t	Juic	or Original r lic	a (Monare	ty/ reary	Line		отти Отопр	ı iiiig	(Cricck App	measic	
EXTON	P/	\	19341											•		rting Persor		
													Form fi Person		e than	One Repor	ting	
(City)	(Si	tate)	(Zip)															
		Tal	nle I - Non	-Deriv	ztive	- Se	curities	- Δα	quired, Di	ennsed (of or Rei	neficiall	v Owned					
1 Tido of (Caarmiter (Imat					_	2A. Deem		3.	-	ties Acquire		5. Amou	nt of	6 0	marchin	7. Nature of	
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ear) i	Execution Date, if any (Month/Day/Yea		, Transaction Disposed Code (Instr. 5)		d Of (D) (Ins	tr. 3, 4 and	Securitie Beneficia Owned F	s Fo	Form (D) or	Ownership orm: Direct) or Indirect (Instr. 4)	Indirect Beneficial Ownership		
									0.4. 14		(A) or	Buita	Reported Transact				(Instr. 4)	
									Code V	Amount	(D)	Price	(Instr. 3 a	and 4)				
			Table II - I	Deriva	tive	Sec	urities	Acq	uired, Dis	posed of	, or Bene	eficially	Owned					
			(e.g., p	uts,	call	s, warr	ants	s, options,	converti	ble secu	rities)						
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. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		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)	s S Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
				c	code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buv) ⁽¹⁾	\$2.57	06/04/2019			A		14,500		06/04/2020 ⁽²⁾	06/04/2029	Common Stock	14,500	\$0	14,500	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/ James A Geraghty 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.