FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
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| hours per response | : 0.5 | | | | | | | |

| | tion 1(b). | nac. occ | | Filed | | | | | | | ies Exchang mpany Act o | | | | | nours | per re | esponse: | 0.5 |
|--|---|--|---|----------|---|---|---|-----|---|------------|----------------------------|--|---|------------------|--|--|--------------------|--|--|
| 1. Name and Address of Reporting Person* Goldberg Mark Alan | | | | | 2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDRA] | | | | | | | | | k all app | ionship of Reporting Pers all applicable) Director | | | ssuer | |
| (Last) (First) (Middle) | | | | | - | | | | | | | | | Office belov | er (give title w) | | Other (: below) | specify | |
| C/O IDERA PHARMACEUTICALS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2020 | | | | | | | | | | | | | |
| 505 EAGLEVIEW BLVD., SUITE 212 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | 00.44 | | | | | | | | | | | Line) | Form | filed by On | e Rep | orting Pers | on |
| EXTON | PA | . 1 | 9341 | | | | | | | | | | | | Form Perso | filed by Mo | re tha | n One Rep | orting |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | 3enef | icially | / Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | Execution ay/Year) if any | | ecution Date, | | 3. 4. Securitie Transaction Disposed C Code (Instr. 8) 5) | | es Acquired (A Of (D) (Instr. 3, | |) or 4 and | Securi Benefi Owned | 5. Amount of Securities Beneficially Owned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock 04/01/2 | | | | | 2020 | | | A | | 10,730(1) |) 1 | A \$ | \$1.28 | 3 20,730 | | | D | | |
| | | Tal | ole II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In: | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

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.

/s/ Mark Alan Goldberg 04/03/2020

** 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.