## 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

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 <sup>®</sup> ANDERSEN ROBERT G					2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
ANDERGENTRODERTO											ector	10% 0					
(Last) (First) (Middle)					IDP ] 3. Date of Earliest Transaction (Month/Day/Year)							cer (give title ow)		Other (specify below)			
C/O IDERA PHARMACEUTICALS, INC.					3/2006	,		<b>,</b>		CF	CFO & VP Oper. and Planning						
345 VASSAR STREET				4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												Form filed by One Reporting Person					
CAMBR	IDGE M.	A 0	2139	-								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) Date (Month/Day)				y/Year) if	Execution Date,		Transaction D Code (Instr. 5)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Amount of curities meficially vned llowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							v	Amount	(A) or (D)	Price	Repo Tran	orted saction(s) r. 3 and 4)	(1150.4)	(1150.4)			
Common Stock 02/28/20						Α		3,423	A	\$0.46	75	100,000	D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)																	
			(0.9., 1	,		•				-							

Security (Instr. 3)	or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)			Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Date (Month/Day/Year)		Amount or Securities Underlying Derivative Security (Instr. 3 and 4)		or Derivative Security (Instr. 5)	Beneficially	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
				Code	v	and 5 (A)	5) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

**Remarks:** 

Robert Andersen

\*\* Signature of Reporting Person

Date

03/03/2006

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  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.

Check this box if no longer subject to Section 16. Form 4 or Form 5