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

(Last) C/O IDE	RSEN R (Fi	IDE IDP 3. Dat	Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDP] 3. Date of Earliest Transaction (Month/Day/Year) 04/06/2007											all app Direct Offict below	olicable) stor er (give title w)	orting Person(s) to 10% (tle Other below Oper. and Planni		wner (specify			
(Street)	CAMBRIDGE MA 02139														Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Exe if a	ny	ned n Date, ay/Yea	Code	ransaction Dispo		curities Acquired sed Of (D) (Instr.)			3, 4 Secur		icially d	Forn (D) o	wnership n: Direct or rect (I) tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code		v	Amou		(A) or (D)	Pric	Reporting Tran					(msu. 4)			
Common	Stock	2007				М	M		380		A	A \$4		15,624			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transact Code (In 8)				Expirati	Date Exercisable piration Date onth/Day/Year)			7. Title Amour Securi Underl Deriva Securi and 4)	at of ties ying tive ty (Ins	mount umber	Secu (Inst	vative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Employee					Code	٧	(A)	(D)	Exercisa	ble	Date		Title	Sh	ares	\vdash			+		
Stock Option	\$4	04/06/2007			M			380	04/09/20	01	04/0	9/2007	Commo		380	\$0	.00	0		D	

Explanation of Responses:

Remarks:

Robert G. Andersen 04/06/2007

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).