(Street)
NEW YORK

(City)

NY

(State)

10021

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
Estimated average burden
hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

					16(a) of the Securities Exchange f the Investment Company Act of					
1. Name and Ad Baker Biot	•	•	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDP]					
LLC			03/24/2006		4. Relationship of Reporting Pe (Check all applicable)		(Mor	Amendment, Dath/Day/Year)	ate of Original Filed	
(Last) 667 MADISO	(First) ON AVE 17TI	(Middle) H FLOOR			Director X Officer (give title below)	Other (spe	cify 6. In	dividual or Join licable Line)	nt/Group Filing (Check	
(Street) NEW YORK	NY	10021					x	Person	y One Reporting y More than One Person	
(City)	(State)	(Zip)								
			Table I - No	on-Deriva	ntive Securities Beneficial	ly Owned				
1. Title of Security (Instr. 4)					Amount of Securities Beneficially Owned (Instr. 4)	3. Ownersh Form: Direc or Indirect ((Instr. 5)	t (D) (Instr.	Nature of Indirect Beneficial Ownership estr. 5)		
Common Stock ⁽¹⁾					5,094,924(3)	I	See F	Footnote ⁽²⁾		
		(e			ve Securities Beneficially ants, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable and Expiration Date (Month/Day/Year)		or		Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		
Warrant			09/26/2006	09/26/2011	Common Stock	3,821,193	0.65	I	See Footnote ⁽³⁾	
1. Name and Ad Baker Biot		ting Person*								
(Last) 667 MADISO	(First) ON AVE 17TI	(Middle H FLOOR	e)							
(Street) NEW YORK	NY	1002	1	_						
(City)	(State)	(Zip))							
1. Name and Ad BAKER JU		ting Person [*]								
(Last) 667 MADISO	(First)	(Middle	e)							

1. Name and Address of Reporting Person* BAKER FELIX							
(Last) 667 MADISON	(First) AVENUE	(Middle)					
(Street) NEW YORK	NY	10021	_				
(City)	(State)	(Zip)	_				

Explanation of Responses:

- 1. In addition to Baker Biotech Capital II (GP), LLC, this Form 3 is being filed jointly by Julian C. Baker and Felix J. Baker, each of whom has the same business address as Baker Biotech Capital II (GP), LLC and may be deemed to have a pecuniary interest in securities owned by it. Because of certain relationships with other security holders of the Issuer, the Reporting Persons are filing solely for informational purposes as if they were a member of a group with such shareholders. (Continued in footnote 2.)
- 2. However, the Reporting Persons disclaim that they and any other person or persons, in fact constitute a "group" for purposes of Section 13(d)(3) of the Securities Exchange Act of 1934, as amended, or Rule 13d-5 thereunder or that they are the beneficial owners of securities owned by any such other persons, and each of them disclaims beneficial ownership of securities reported herein except to the extent of their pecuniary interest, if any, therein.
- 3. Represents securities owned directly by Baker Biotech Fund II, L.P., a limited partnership the sole general partner of which is Baker Biotech Capital II, L.P., a limited partnership the sole general partner of which is Baker Biotech Capital II (GP), LLC. Felix J. Baker and Julian C. Baker are the controlling members of Baker Biotech Capital II (GP), LLC

/s/ Julian C. Baker, as

Managing Member of Baker 08/17/2006

Biotech Capital II (GP), LLC

<u>/s/ Julian C. Baker</u> <u>08/17/2006</u> <u>/s/ Felix J. Baker</u> <u>08/17/2006</u>

** 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 5 (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.