FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OWID AFFINOVAL									
OMB Number: 3235-02									
Estimated average t	ourden								
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).

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* DOUGHERTY MICHAEL R				2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
			II	DRA]						7	X Director		10% (
(Last)	(Ei	ret\	(Middle)	$^ _{\sf L}$								Officer below)	(give title	Other below	(specify
(Last) (First) (Middle) C/O IDERA PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year)							,			
				06	06/23/2022										
505 EAGLEVIEW BOULEVARD, SUITE 212				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. In	6. Individual or Joint/Group Filing (Check Applicable				
(Street)						,		.		,,	Line)	·	•	.
EXTON	P/		19341								2	√ Form fi	led by One F	Reporting Pers	on
			13041									Form filed by More than One Reporting Person			
(City)	(Si	ate)	(Zip)												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of S	Security (Inst	r. 3)	2.	Transactio		2A. Deem		3.	4. Securit	ies Acquire	d (A) or	5. Amour		6. Ownership	7. Nature of
Date			Day/Year) Execution Date, if any (Month/Day/Year)				Code (Instr. 5)		r. 3, 4 and	Securitie Beneficia Owned F	ally (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial Ownership		
						Code V	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)	i) (iii3ii: 4)	(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
			(e.	g., puts	, call	s, warr	ants	s, options,	convertil	ole secu	rities)				
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, Transaction or Exercise (Month/Day/Year) if any Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) 6. Date Exercisable and Expiration Date (Month/Day/Year) 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership t (Instr. 4)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy) ⁽¹⁾	\$0.4561	06/23/2022		A		26,000		06/23/2023 ⁽²⁾	06/23/2032	Common Stock	26,000	\$0	26,000	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 2022 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 23, 2023 (first anniversary of the date of grant), subject to continued service as a director of the Issuer.

/s/ Michael R. Dougherty 06/27/2022

** 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.