UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of report (Date of earliest event reported): **December 14, 2018**

Idera Pharmaceuticals, Inc.
(Exact Name of Registrant as Specified in Charter)

Delaware	**001-31918**	**04-3072298**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

505 Eagleview Blvd., Suite 212 Exton, Pennsylvania	**19341**
(Address of Principal Executive Offices)	(Zip Code)

Registrant's telephone number, including area code: **(484) 348-1600**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

o Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425).
o Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12).
o Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240-14d-2(b)).
o Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240-13e-4(c)).

Indicate by check mark whether the registrant is an emerging growth company as defined in as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company o

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Item 7.01 Regulation FD Disclosure.

On December 14, 2018, Idera Pharmaceuticals, Inc. (the "Company") issued an investor presentation relating to data from the ongoing phase 2 expansion of the ILLUMINATE-204 trial investigating tilsotolimod, the Company's intratumorally-delivered toll-like receptor 9 (TLR9) agonist, in combination with ipilimumab (Yervoy®*). The investor presentation is furnished as Exhibit 99.1 and is incorporated herein by reference.

The Company is furnishing the information in this Item 7.01 and the related Exhibit 99.1 filed herewith to comply with Regulation FD. Such information shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, and shall not be deemed to be incorporated by reference into any of the Company's filings under the Securities Act of 1933, as amended, whether made before or after the date hereof and regardless of any general incorporation language in such filings, except to the extent expressly set forth by specific reference in such a filing. This Item 7.01 will not be deemed an admission as to the materiality of any information herein (including Exhibit 99.1) that is required to be disclosed solely by Regulation FD.

Item 8.01 Other Events.

On December 14, 2018, the Company issued a press release in connection with the data described in Item 7.01. The press release is furnished as Exhibit 99.2 and is incorporated herein by reference.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

See the Exhibit Index below, which is incorporated by reference herein.

Exhibit Index

Exhibit No.	Exhibit Name
99.1	Investor Presentation dated December 14, 2018.
99.2	Press Release dated December 14, 2018.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

IDERA PHARMACEUTICALS, INC.

By: /s/ Vincent J. Milano
Vincent J. Milano
Chief Executive Officer

Dated: December 14, 2018

Exhibit 99.1

Idera Pharmaceuticals

ILLUMINATE-204
Clinical Data Update

December 2018

Forward Looking Statements and Other Important Cautions

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. All statements, other than statements of historical fact, included or incorporated in this presentation, including statements regarding the Company's strategy, future operations, collaborations, intellectual property, cash resources, financial position, future revenues, projected costs, prospects, plans, and objectives of management, are forward-looking statements. The words "believes," "anticipates," "estimates," "plans," "expects," "intends," "may," "could," "should," "potential," "likely," "projects," "continue," "will," and "would" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Idera cannot guarantee that it will actually achieve the plans, intentions or expectations disclosed in its forward-looking statements and you should not place undue reliance on the Company's forward-looking statements. There are a number of important factors that could cause Idera's actual results to differ materially from those indicated or implied by its forward-looking statements. Factors that may cause such a difference include: whether interim results from a clinical trial will be predictive of the final results of the trial, whether results obtained in preclinical studies and clinical trials will be indicative of the results that will be generated in future clinical trials, including in clinical trials in different disease indications; whether products based on Idera's technology will advance into or through the clinical trial process on a timely basis or at all and receive approval from the United States Food and Drug Administration or equivalent foreign regulatory agencies; whether, if the Company's products receive approval, they will be successfully distributed and marketed; and such other important factors as are set forth under the caption "Risk Factors" in the Company's Annual Report and on Form 10-K for the period ended December 31, 2017 and on Form 10-Q for the period ended September 30, 2018. Although Idera may elect to do so at some point in the future, the Company does not assume any obligation to update any forward-looking statements and it disclaims any intention or obligation to update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.

Featured Speakers

Vincent Milano
Idera CEO

Joanna Horobin, M.B., Ch.B.
Idera CMO

Adi Diab, M.D. – Lead Trial Investigator, Assistant Professor, Department of Melanoma Medical Oncology, Division of Cancer Medicine, University of Texas, MD Anderson Cancer Center

Background:

- Tilsotolimod (IMO-2125) is an investigational synthetic oligonucleotide which binds to TLR9, altering the tumor microenvironment by improving antigen presentation of dendritic cells and macrophages with subsequent proliferation of antigen specific cytotoxic T lymphocytes (CD8+ T-cells) in both injected and uninjected tumors resulting in tumor cell death (Haymaker, SITC 2017);

- There is a high unmet medical need in metastatic melanoma for patients who progress after PD-1 inhibitors, as treatment options are very limited;

- Post PD-1 inhibitor failure, standard of care (single agent ipilimumab) offers only modest benefit **(10-16% ORR)** (Long, *Society for Melanoma Research* 2016), (Bowyer S, et al. *Br. J Cancer*, 2016), (Zimmer L, et al. *Eur J Cancer* 75, 47-55);

- Initial clinical experience with 8 mg tilsotolimod + ipi is promising. This report is an analysis of the first 37 subjects (34 evaluable for disease assessment) in a multi-center study who received 1+ doses of the treatment combination and at least one disease assessment.

ILLUMINATE-204 Trial Objectives

Primary Objective

To assess preliminary clinical activity of tilsotolimod in combination with ipilimumab at the respective recommended phase 2 dose (RP2D) in patients with metastatic melanoma that is not responsive to PD-1 inhibitor therapy, using Response Evaluation Criteria in Solid Tumors (RECIST v1.1)

Secondary Objective

To further assess the safety and tolerability of tilsotolimod in combination with ipilimumab

ILLUMINATE-204 key eligibility criteria and study design

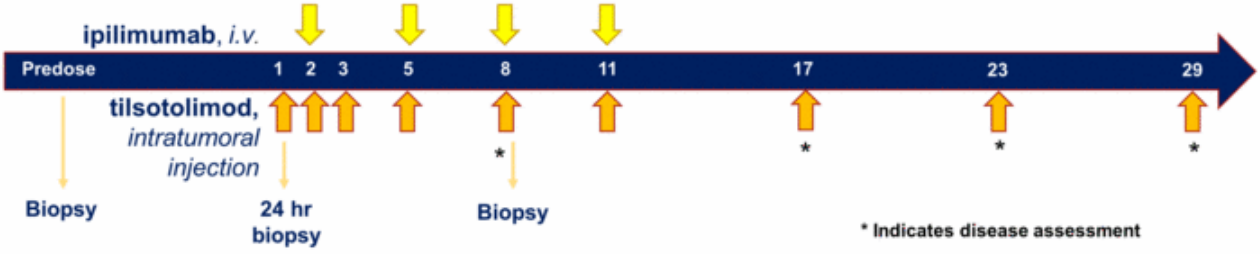
Patients:	Adults with unresectable or metastatic melanoma

- Radiologic (RECIST v1.1) or symptomatic progression on or after a PD-1 inhibitor
- ≥21d from most recent aPD-1
- Prior ipilimumab allowed
- BRAFwt: Up to 2 lines systemic therapy
- BRAF^{V600}: Up to 3 lines systemic therapy
- Ocular melanoma excluded

Phase 1 dose-finding (n=18)
tilsotolimod (4, 8, 16, 32 mg) + ipilimumab
DOSE SELECTION COMPLETED

↓

Phase 2 (n ≈ 60)
tilsotolimod 8mg + ipilimumab
OPEN



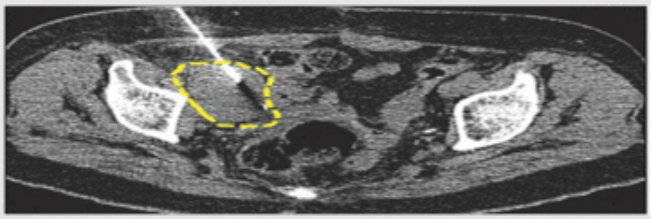
ILUMINATE-204 patient and baseline disease characteristics

Characteristic	N = 37 (%)	Prior Treatment	N = 37 (%)
Median Age (range)	**65.1 (39, 91)**	**Any previous PD-1 inhibitor***	**37 (100%)**
ECOG PS 0	20 (54.1%)	CTLA-4 inhibitor	13 (35.1%)
Mucosal	3 (8.1%)	PD-1 inhibitor monotherapy	22 (59.5%)
Elevated LDH	11 (29.7%)	CTLA-4 + PD-1 combo	5 (13.5%)
$BRAF^{v600}$ mutation	16 (43.2%)	Other PD-1 combo	9 (24.3%)
Stage IV **M1c**	**26 (70.3%)** **11/26 (42.3%)**	BRAFi	4 (10.8%)
Brain metastasis	3 (8.1%)	MEKi	3 (8.1%)

***PD-1 refractory requirement added May 2016**

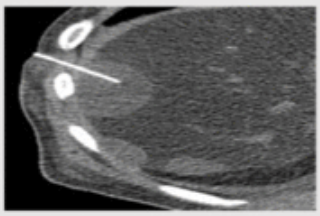
More than Half of Trial Patients Had Lesions Injected Under Image Guidance

Pelvic Lesion Injection

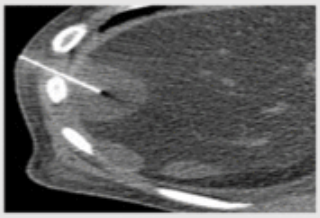


Liver Lesion Injections

Oct. 16, 2017



Oct. 26, 2017



illuminate
Tilsotolimod Clinical Trials

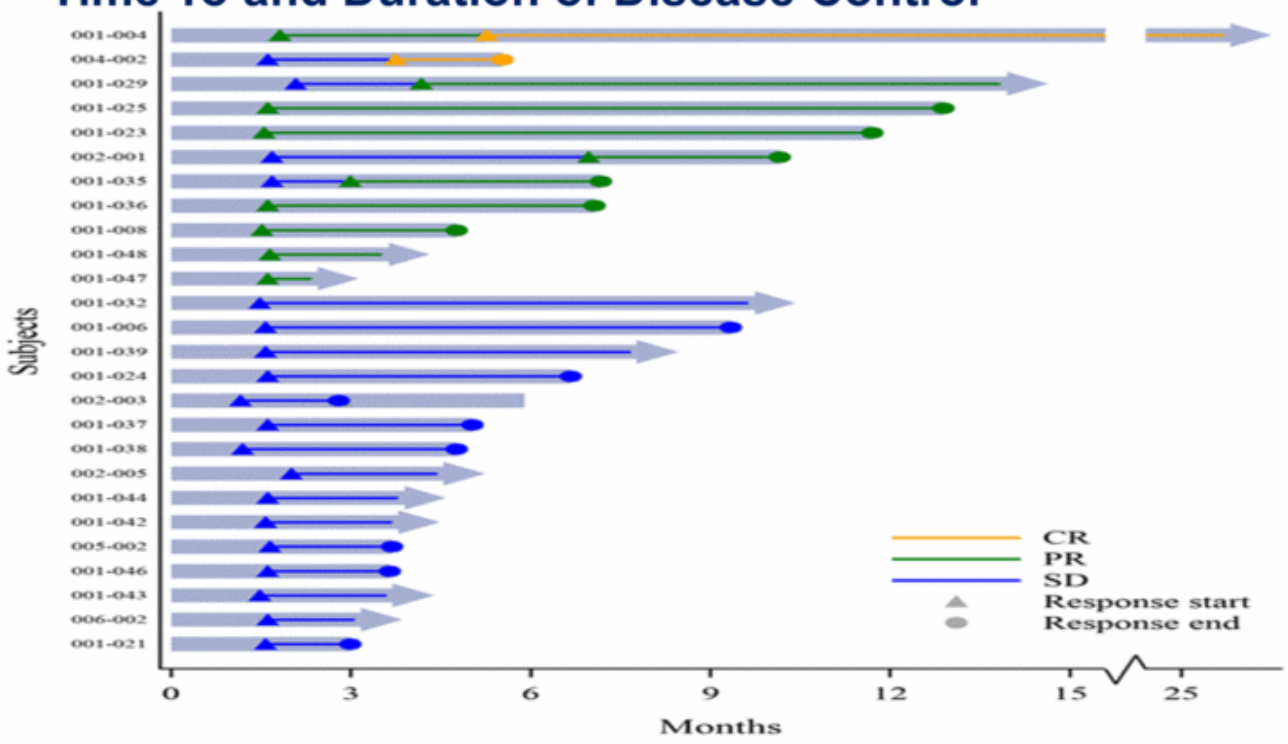
Best overall response

	tilsotolimod + ipilimumab (N=34)[1]
	Response Rate
Best Overall Response	
Complete Response (CR)	2 (5.9%)
Partial Response (PR)	9 (26.5%)
Stable Disease (SD)	15 (44.1%)
Progressive Disease (PD)	8 (23.5%)
Overall Response Rate (CR or PR)	11 (32.4%)
Disease Control Rate (CR, PR, or SD)	26 (76.5%)
Overall Response Rate per RECIST v1.1	10 (29.4%)[2]

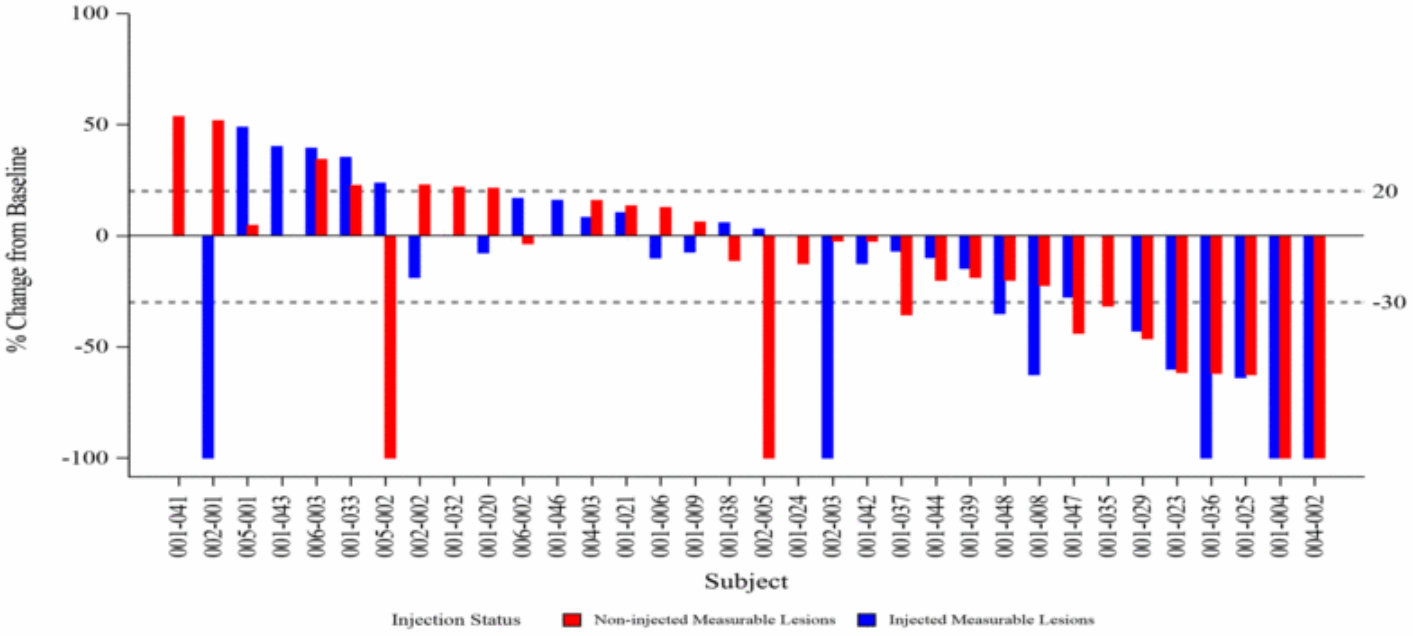
[1] *34 of 37 subjects had at least 1 post-baseline disease assessment at time of data cut*

[2] *One patient with an unconfirmed PR at the end of treatment visit progressed due to a new lesion at the 3-month follow-up disease assessment*

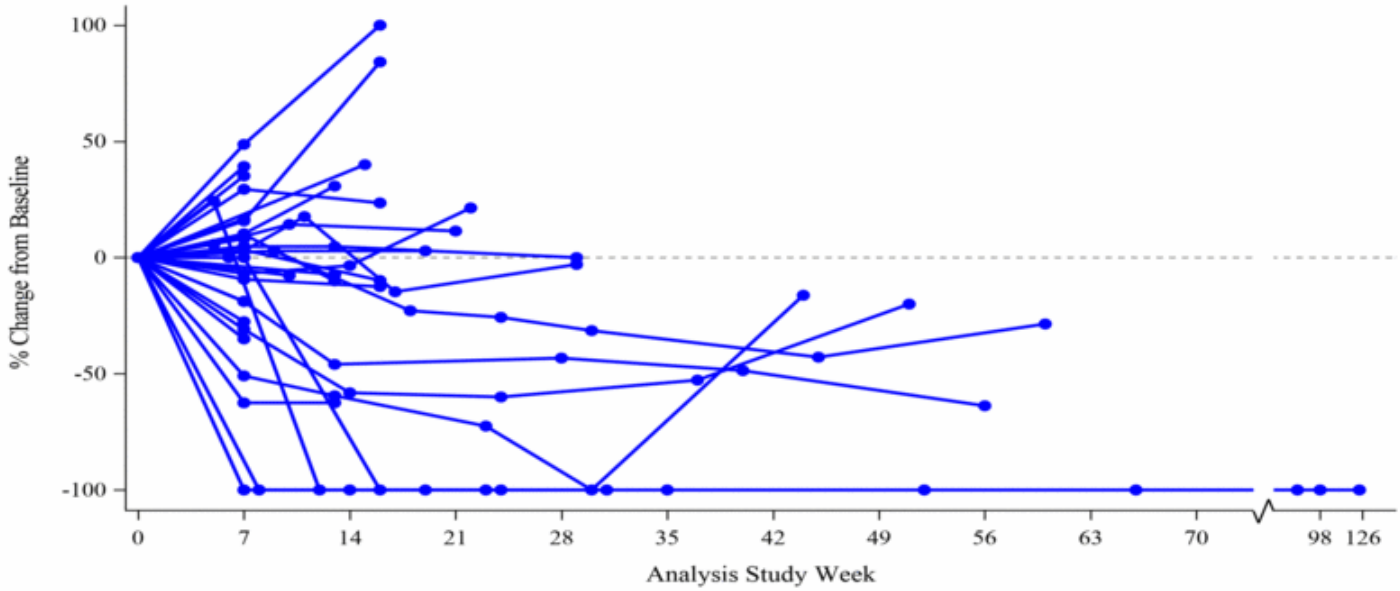
Time To and Duration of Disease Control



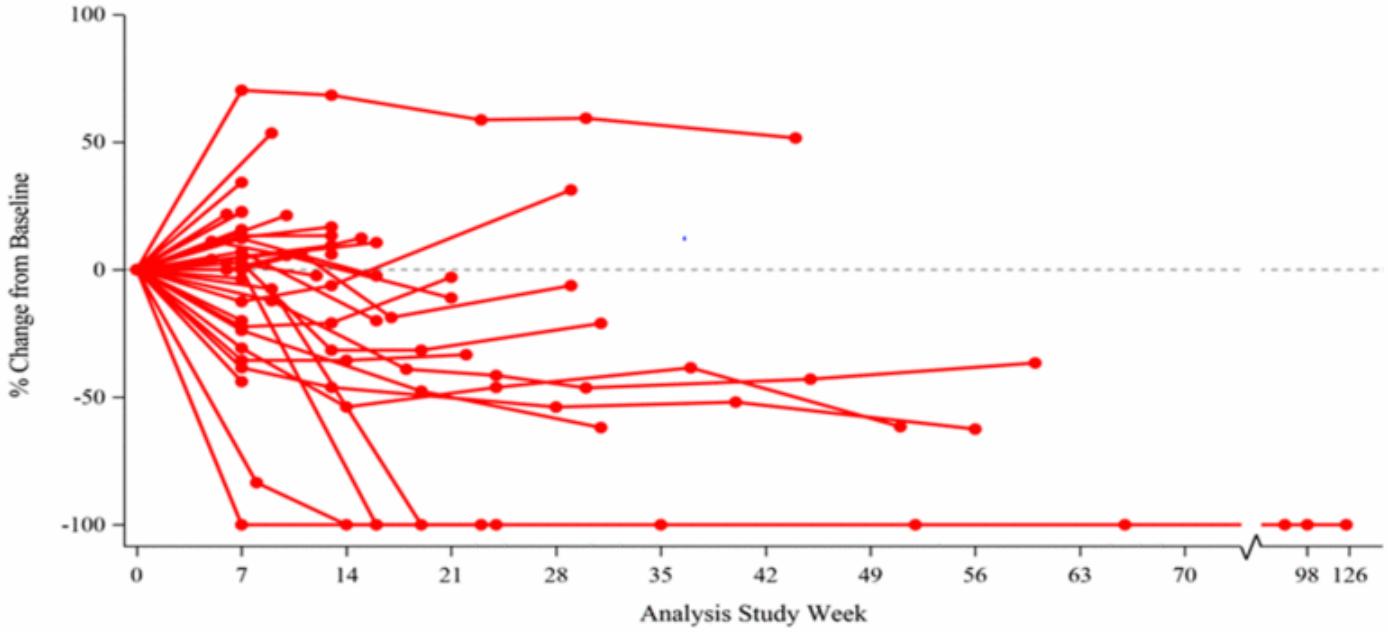
Percent (%) Change from Baseline in Injected and Uninjected Lesions



Percent (%) Change from Baseline in Injected Tumors



Percent (%) Change from Baseline in Uninjected Tumors



Safety Analysis	Subjects treated with tilsotolimod + ipilimumab (N=37)
At Least One AE	35 (94.6%)
At Least One Serious AE	11 (29.7%)
At Least One Grade ≥3 AE	19 (51.4%)
AE Leading to Treatment Withdrawal	4 (10.8%)
AE Leading to Study Discontinuation	**0 (0.0%)**
Death	**0 (0.0%)**
Maximum Severity	
Grade 1	2 (5.4%)
Grade 2	14 (37.8%)
Grade 3	17 (45.9%)
Grade 4	2 (5.4%)
Grade 5	0 (0.0%)
Relationship to Study Drugs	
Related	31 (83.8%)
Unrelated	4 (10.8%)

Immune-Related AEs Consistent with Ipilimumab

AE preferred term	8 mg tilsotolimod/ipilimumab N=37
Patients Reporting at Least One Adverse Event	9 (24.3%)
Hypophysitis	4 (10.8%)
Colitis	3 (8.1%)
Autoimmune hepatitis	2 (5.4%)
Adrenal insufficiency	1 (2.7%)
Enterocolitis	1 (2.7%)
Guillain-Barre syndrome	1 (2.7%)

Illuminate-204 Data Update Conclusions

- 37 patients dosed with 8 mg of tilsotolimod in combination with ipilimumab were evaluated for this update;
  - 34 patients were evaluable for efficacy;
  - All patients were evaluable for safety; and
  - Accrual is ongoing, with an additional 4 patients dosed
- Responses, including 2 Complete Responses (CR), were observed in 11 of the 34 evaluable patients (32.4%);
- Duration of response is ranging from 1+ month to 30+ months, with 36% of responses ongoing
- Per RECIST v1.1, the Overall Response Rate (ORR) is 29.4%; one patient with an unconfirmed Partial Response (uPR) at the end of treatment visit progressed due to a new lesion at the 3-month follow-up disease assessment;
- Overall, 26 patients out of 34 evaluable for efficacy (76.5%) experienced disease control (CR, PR, or Stable Disease (SD));

Illuminate-204 Data Update Conclusions

- Analysis of spider plots show tumor shrinkage in both injected and uninjected lesions, indicating an abscopal effect;
- Responding subjects include one patient with mucosal melanoma and one patient with acral melanoma, two forms of melanoma that are particularly difficult to treat;
- 2 of 5 patients with prior ipilimumab experience achieved responses, further demonstrating a signal that tilsotolimod has the potential to help overcome prior ipilimumab resistance;
- The combination regimen continues to be generally well tolerated. 9/37 subjects (24.3%) had immune-related toxicities indicating that tilsotolimod + ipilimumab does not appear to add immune-related toxicity versus ipilimumab alone;
- Injection-related toxicities were grade 1-2 transient fever and flu-like symptoms lasting <48 hours; and,
- More than half of the trial patients had lesions injected under image-guidance.

illuminate
IMO-2125 Clinical Trials
2125-MEL-301

Global Phase 3 Trial Design

Unresectable or metastatic melanoma w/ confirmed radiologic progression on or after a PD-1 inhibitor:

- **≥21d from most recent aPD-1 and no intervening systemic Tx**
- **No prior ipi (except adjuvant)**
- **Ocular melanoma excluded**

N~300

Ipilimumab 3 mg/kg Q3wks for 4 doses

No cross-over

Ipilimumab (same, beginning wk 2)
+
intratumoral IMO-2125,
wks 1, 2, 3, 5, 8, 11, 16, 20, 24

1^0 endpoint family:
- OS
- ORR (RECIST v1.1)

Questions & Answers

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Tilsotolimod Clinical Trials

Appendix

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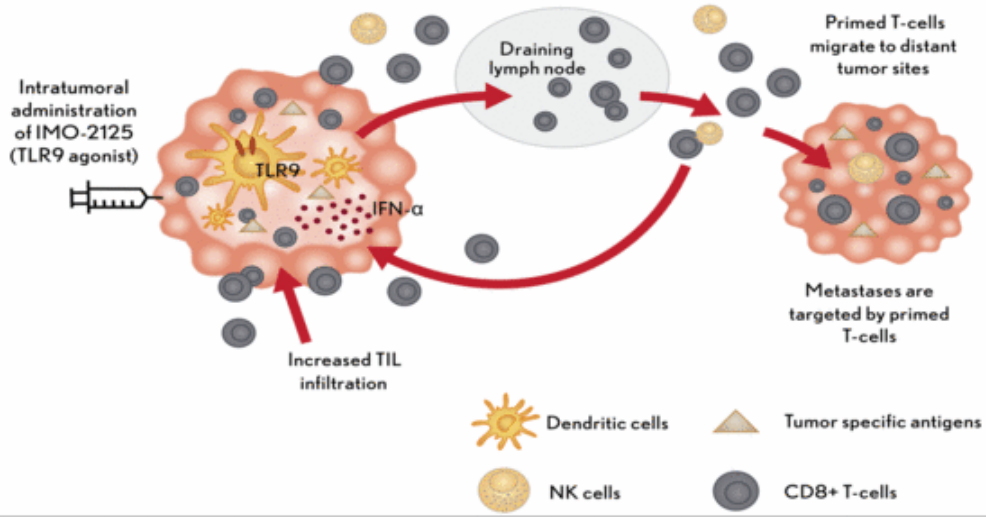
Tilsotolimod Clinical Trials

Modulating the tumor microenvironment through intratumoral administration of tilsotolimod (TLR 9 agonist)



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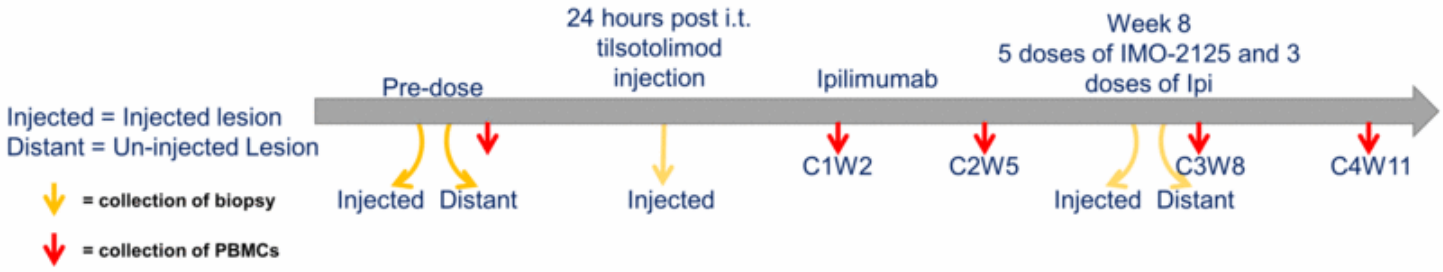
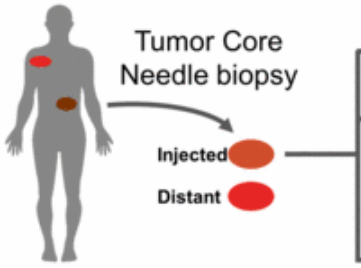
Tilsotolimod Clinical Trials

Immune response monitoring to correlate with mechanism of action





Formalin - IHC

Fresh flow cytometry
- DC subsets and maturation
- Immune infiltrate changes
- T cell activation/functional state

DNA and RNA (TCRseq and gene expression)

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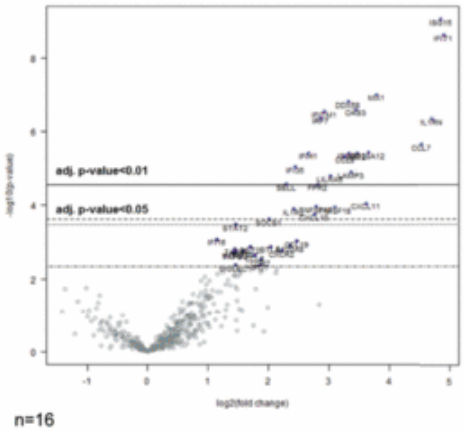
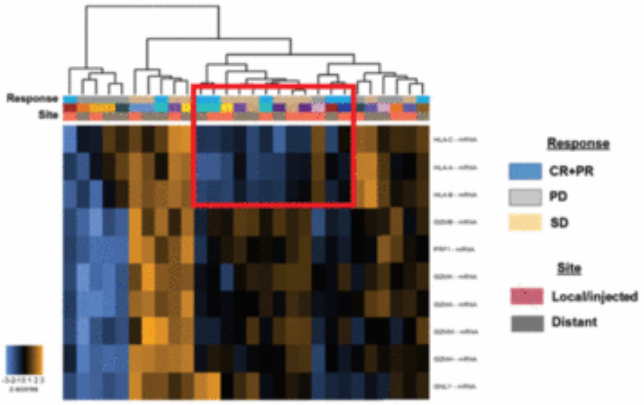
Tilsotolimod Clinical Trials

Induction of type 1 IFN response gene signature at 24 hours after tilsotolimod



n=16

Responses seen in HLA-ABC neg/low tumors at baseline (indicated by red box)



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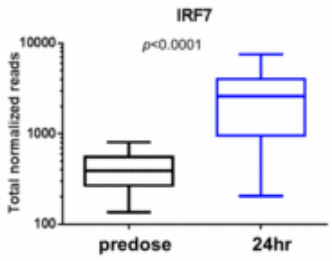
Tilsotolimod Clinical Trials

Tilsotolimod activates local IFNα-response gene signature and combination with ipilimumab therapy induces proliferation of T-cells in distant lesion

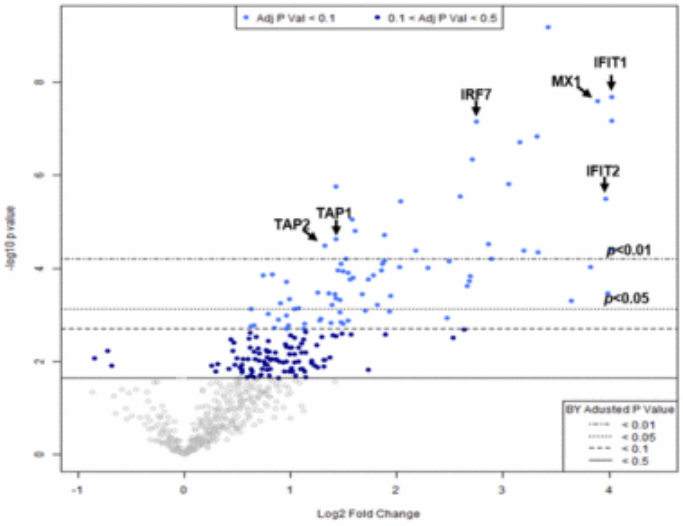
tilsotolimod only
(prior to ipilimumab)



n=15

Injected Lesion

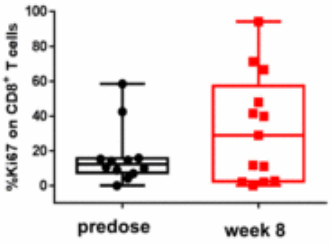
tilsotolimod only
(prior to ipilimumab)



n=15

Injected Lesion

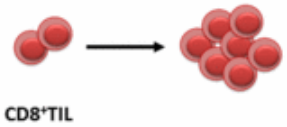
tilsotolimod + ipilimumab

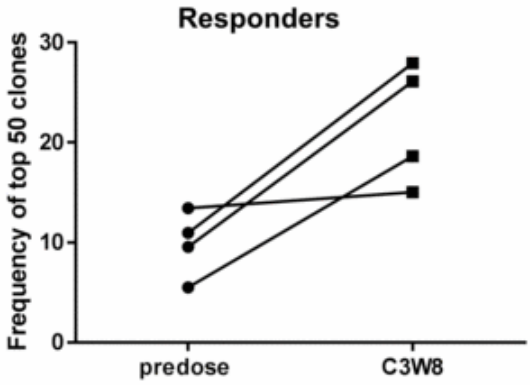


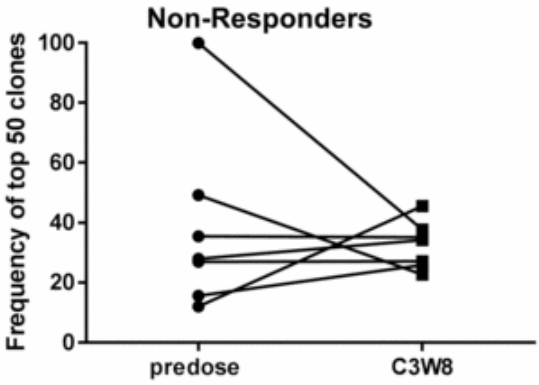
n=12

Distant Lesion

Expansion of Top 50 T-cell Clones in the Distant Lesion of Responding Patients

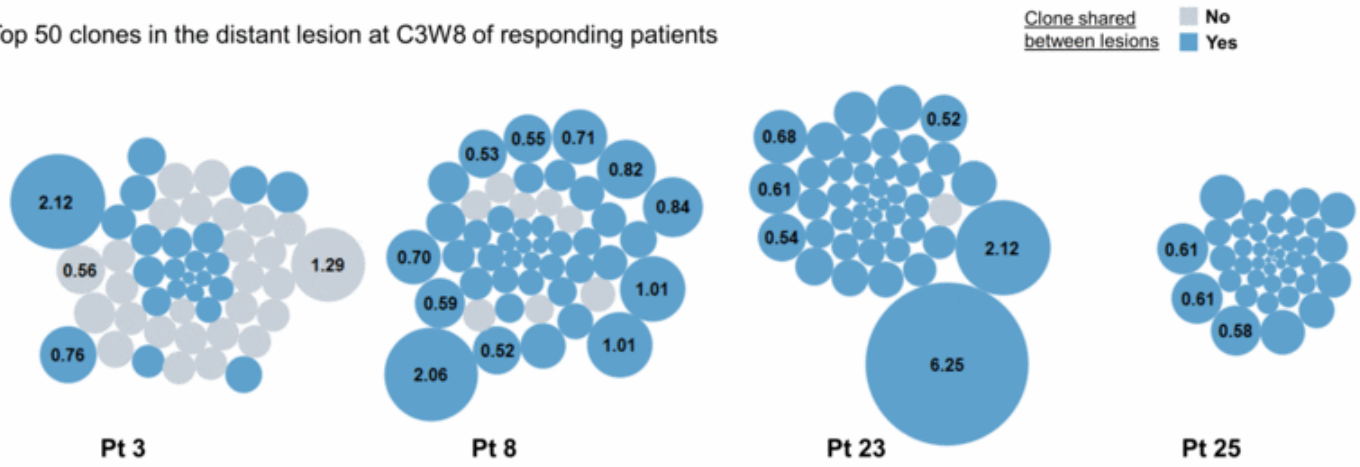






Expanding Clones in the Distant Lesion are Shared with the Injected Lesion

Top 50 clones in the distant lesion at C3W8 of responding patients



Number = clonal specific change in frequency (C3W8 – predose)
Circle size reflects the frequency of the clone relative to the other clones present

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Tilsotolimod Clinical Trials

Exhibit 99.2

IDERA PHARMACEUTICALS CONTACT:
Robert A. Doody, Jr.
VP, Investor Relations & Communications
Phone (484) 484-1677
RDOODY@IDERAPHARMA.COM

Idera Pharmaceuticals Presents Clinical Safety and Efficacy Update from the ILLUMINATE-204 Trial of the Combination of Tilsotolimod and Ipilimumab for Unresectable or Metastatic Melanoma Following Failure of PD-1 Inhibitor Treatment

- 32.4% of patients evaluable for efficacy achieved partial response or better; 76.5% of patients achieved disease control -
- Tumor shrinkage observed in both injected and uninjected lesions, indicating an abscopal effect -

EXTON, PA— December 14, 2018 — Idera Pharmaceuticals, Inc. (NASDAQ: IDRA) today is presenting data from the ongoing phase 2 expansion of the ILLUMINATE-204 trial investigating tilsotolimod, Idera's intratumorally-delivered toll-like receptor 9 (TLR9) agonist, in combination with ipilimumab (Yervoy®*).

ILLUMINATE-204 Key Findings:

- 37 patients dosed with 8 mg of tilsotolimod in combination with ipilimumab were evaluated for this update:
  - 34 patients were evaluable for efficacy
  - All patients were evaluable for safety
  - Accrual is ongoing, with an additional 4 patients dosed
- Responses, including 2 Complete Responses (CR), were observed in 11 of the 34 evaluable patients (32.4%)
- Duration of response ranges from > 1 month to > 30 months, with 36% of responses ongoing
- Per RECIST v1.1, the Overall Response Rate (ORR) is 29.4%; one patient with an unconfirmed Partial Response (uPR) at the end of treatment assessment progressed due to a new lesion at the 3-month follow-up disease assessment
- Overall, 26 patients out of 34 evaluable for efficacy (76.5%) experienced disease control (CR, PR, or Stable Disease (SD))
- Analysis of spider plots show tumor shrinkage in both injected and uninjected lesions, indicating an abscopal effect
- Responding subjects include one patient with mucosal melanoma and one patient with acral melanoma, two forms of melanoma that are particularly difficult to treat

- Importantly, 2 of 5 patients with prior ipilimumab experience achieved responses, further demonstrating a signal that tilsotolimod has the potential to help overcome prior ipilimumab resistance

- The combination regimen continues to be generally well tolerated. 9/37 subjects (24.3%) had immune-related toxicities indicating that tilsotolimod + ipilimumab does not appear to add immune-related toxicity versus ipilimumab alone

- Injection-related toxicities were grade 1-2 transient fever and flu-like symptoms lasting <48 hours

Additionally:

- A RECIST v1.1 PR of > 2.5 years is ongoing in 1 patient treated with tilsotolimod 4 mg in combination with ipilimumab; and

- A RECIST v1.1 CR of > 1 year is ongoing in 1 patient treated with tilsotolimod 16 mg in combination with pembrolizumab.

“The results from this combination are among the most promising we have seen in this challenging population of metastatic melanoma patients who have not benefited from front-line immunotherapy,” stated Douglas B. Johnson, M.D., Assistant Professor of Medicine, Clinical Director, Melanoma Research Program, Vanderbilt University Medical Center. “In addition to the response rate, observing over 76% of patients achieving disease control is impressive for such a difficult-to-treat patient population.”

The ILLUMINATE-204 trial is comprised of two distinct patient populations, patients who are ipilimumab naïve (N=up to 40; Primary Efficacy Endpoint Population) and patients who have ipilimumab experience (N=up to 20; Secondary Efficacy Endpoint Population). Of the initial 34 patients evaluable for efficacy, evaluations 9 of 29 patients from the Primary Efficacy Endpoint Population and 2 of 5 patients from the Secondary Efficacy Endpoint Population achieved responses.

Indications of the specific mechanism of action for tilsotolimod were suggested in the clinical responses observed in patients whose tumor HLA-ABC RNA (MHC class I) expression was low at baseline. As recently articulated by Rodig, *et al.*(1) robust MHC class I expression is required for anti-CTLA-4 activity. These findings suggest that combining tilsotolimod with ipilimumab may overcome this resistance mechanism and, therefore, enhance the overall response rate compared to that expected with ipilimumab alone.

“The continued positive results from this trial, a response rate substantially higher than expected with ipilimumab alone, and anti-tumor activity in both injected and uninjected lesions are exciting. These reinforce our conviction that tilsotolimod may overcome an immunosuppressive tumor microenvironment and, in combination with ipilimumab, could provide a treatment option when anti PD-1 therapy fails these patients,” stated Dr. Joanna Horobin, Idera’s Chief Medical Officer. “These data, along with the translational data, bolster our confidence in both the Phase 3 trial and taking tilsotolimod beyond melanoma.”

Investor Event and Webcast

Idera will host a conference call and live webcast today, Friday, December 14, at 10:00 A.M. EST to review the data being presented along with questions and answers. To participate in the conference call, please dial (844) 882-7837 (domestic) and (574) 990-9824 (international). The webcast can be accessed live or in archived form in the "Investors" section of the company's website at www.iderapharma.com. The company has posted a slide presentation to the Idera corporate website in the "Investors" section which will be referenced during the conference call this morning.

About Tilsotolimod (IMO-2125)

Tilsotolimod is a TLR 9 agonist that received Fast Track Designation from the US Food and Drug Administration (FDA) in 2017 for the treatment of anti-PD-1 refractory melanoma, in combination with ipilimumab as well as orphan drug designation from the FDA for the treatment of melanoma Stages IIb to IV. It signals the immune system to create and activate cancer-fighting cells (T-cells) to target solid tumors. Currently approved immuno-oncology treatments, specifically check-point inhibitors, work for some but not all, as many patients' immune response is missing or weak and thus they do not benefit from the checkpoint therapy. Intratumoral injections with tilsotolimod are designed to selectively enable the tumor-specific T-cells to recognize and attack cancers that remained elusive and unrecognized by the immune system exposed to checkpoint inhibitors alone, while limiting toxicity or impact on healthy cells in the body.

About ILLUMINATE-204

The ILLUMINATE-204 study (2125-204) is for patients who have metastatic melanoma for whom treatment with an anti-PD-1 drug like Keytruda®** (pembrolizumab) or Opdivo®* (nivolumab) has failed. ILLUMINATE-204 is a multi-center, two-arm Phase 1/2 study that tests the safety and effectiveness of tilsotolimod in combination with either ipilimumab (Yervoy®) or pembrolizumab (Keytruda®) for the treatment of patients with anti-PD-1 refractory metastatic melanoma.

For additional details about ILLUMINATE-204, please go to clinicaltrials.gov and search for study identifier NCT02644967.

About Metastatic Melanoma

Although melanoma is a rare form of skin cancer, it comprises over 75% of skin cancer deaths. The American Cancer Society estimates that there were approximately 76,000 new invasive melanoma cases and 10,000 deaths from the disease in the USA in 2016. Additionally, according to the World Health Organization, about 132,000 new cases of melanoma are diagnosed around the world every year.

About Idera Pharmaceuticals

Harnessing the approach of the earliest researchers in immunotherapy and the Company's vast experience in developing proprietary immunology platforms, Idera's lead development program is focused on priming the immune system to play a more powerful role in fighting cancer, ultimately increasing the number of people who can benefit from immunotherapy. Idera also continues to focus on the acquisition, development and ultimate commercialization of drug candidates for both oncology and rare disease indications characterized by small, well-defined

patient populations with serious unmet needs. To learn more about Idera, visit www.iderapharma.com.

Forward Looking Statements

This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. All statements, other than statements of historical fact, included or incorporated in this press release, including statements regarding the Company's strategy, future operations, collaborations, intellectual property, cash resources, financial position, future revenues, projected costs, prospects, clinical trials, plans, and objectives of management, are forward-looking statements. The words "believes," "anticipates," "estimates," "plans," "expects," "intends," "may," "could," "should," "potential," "likely," "projects," "continue," "will," and "would" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Idera cannot guarantee that it will actually achieve the plans, intentions or expectations disclosed in its forward-looking statements and you should not place undue reliance on the Company's forward-looking statements. There are a number of important factors that could cause Idera's actual results to differ materially from those indicated or implied by its forward-looking statements. Factors that may cause such a difference include: whether the Company's cash resources will be sufficient to fund the Company's continuing operations and the further development of the Company's programs for the period anticipated; whether interim results from a clinical trial, such as the preliminary results reported in this release, will be predictive of the final results of the trial; whether results obtained in preclinical studies and clinical trials such as the results described in this release will be indicative of the results that will be generated in future clinical trials, including in clinical trials in different disease indications; whether products based on Idera's technology will advance into or through the clinical trial process when anticipated or at all or warrant submission for regulatory approval; whether such products will receive approval from the U.S. Food and Drug Administration or equivalent foreign regulatory agencies; whether, if the Company's products receive approval, they will be successfully distributed and marketed; whether the Company's collaborations will be successful; and such other important factors as are set forth under the caption "Risk factors" in the Company's Annual Report filed on Form 10-K for the period ended December 31, 2017 and the Company's Quarterly Report filed on Form 10-Q for the period ended September 30, 2018. Although Idera may elect to do so at some point in the future, the Company does not assume any obligation to update any forward-looking statements and it disclaims any intention or obligation to update or revise any forward-looking statement, whether as a result of new information, future events or otherwise.

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*Yervoy (ipilimumab) and Opdivo (nivolimumab) are registered trademarks of Bristol-Myers Squibb.

**Keytruda (pembrolizimab) is a registered trademark of Merck & Co., Inc.

(1) Rodig, S., *et al.*, MHC proteins confer differential sensitivity to CTLA-4 and PD-1 blockade in untreated metastatic melanoma. *Sci. Transl. Med.* 10, eaar3342 (2018).

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