FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

| | Check this box if no longer subject |
|--------|-------------------------------------|
| \Box | to Section 16. Form 4 or Form 5 |
| \cup | obligations may continue. See |
| | Instruction 1(b). |

| 1. Name and Address of Reporting Person* SCHAFER CAROL (Last) (First) (Middle) | | | | | | 2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDRA] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | neck al | ll appl Direct | r (give title | ng Per | 10% Ov Other (s below) | vner |
|--|--|-------|--------|--|----------------|---|---|---|-------------------------------------|-----------|--|---------------|--|--|--|--|---|--------|------------------------------|------------|
| C/O IDERA PHARMACEUTICALS, INC. 505 EAGLEVIEW BLVD., SUITE 212 | | | | | | 04/01/2020 | | | | | | | ╀ | | | | | | | |
| (Street) EXTON | PA | | 9341 | | 4. If <i>A</i> | | | | | | | 6. I | e) X | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | on | | |
| (City) | (Sta | | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired | , Dis | posed of | , or | Ben | eficia | ally C | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | Date, | Transaction Disposed Of Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3, | | (A) or 3, 4 an | d S B O | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | (A (D | () or () | Price | Ti | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | | 04/01/2 | 2020 | | | A | | 10,633(1) | | A | \$1.2 | 1.28 | | 31,076 | | 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) | Derivative Conversion or Exercise (nstr. 3) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) 8 | | | saction de (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) Date Expiration Exercisable Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amou or Numb of Title Share | | nstr. | 8. Pric Deriva Securi (Instr. | itive | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. This stock was issued to the reporting person pursuant to her election, under the Issuer's director compensation program, to receive common stock in lieu of cash fees.

/s/ Carol Anne Schafer

04/03/2020

** 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.