FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | |
|---------------------|-----------|--|--|--|--|
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| hours per response: | 0.5 | | | | |

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 [*] Lim Bryant David | | | 2. Issuer Name and Ticker or Trading Symbol <u>IDERA PHARMACEUTICALS, INC.</u> [IDRA] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify |
|--|---------------|----------------|---|---|
| (Last) (First) (Middle) C/O IDERA PHARMACEUTICALS, INC. 505 EAGLEVIEW BOULEVARD, SUITE 212 | | FICALS, INC. | 3. Date of Earliest Transaction (Month/Day/Year) 01/06/2023 | X Onlet (give title below) below) below) SVP AND GENERAL COUNSEL |
| (Street) EXTON (City) | PA (State) | 19341 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) 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. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code | Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--|---|------|--|------------------------|---------------|---|---|---|------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 01/06/2023 | | A | | 399,218 ⁽¹⁾ | A | \$ 0 | 429,652 | D | |
| Common Stock | 01/06/2023 | | F | | 119,957(2) | D | \$0.7099 | 309,695 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (0.9.) P | , | | | , | ••••••• | | | | , | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Represents shares of common stock granted under the Idera Pharmaceuticals, Inc. 2013 Stock Incentive Plan, as amended and restated. The shares were granted pursuant to that certain Employment Continuation and Retention Bonus Letter Agreement, dated as of September 28, 2022, between the Issuer and Reporting Person.

2. Represents the number of shares withheld by Issuer to cover tax obligations in connection with the grant of the shares of common stock.

/s/ Bryant D. Lim

01/10/2023

** 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.