FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
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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*  GOWEN MAXINE					2. Issuer Name <b>and</b> Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
GOWL	11 1 1V1/ 1/X1	INL			ID	RA	1							X	Director			10% Ov	vner
(Last)	(Fi	irst)	(Middle)		_	-							_		Officer ( below)	give title		Other (s below)	specify
C/O IDE	RA PHARI	MACEUTICAL	SINC			3. Date of Earliest Transaction (Month/Day/Year)													
C/O IDERA PHARMACEUTICALS, INC.				05	05/12/2020														
505 EAGLEVIEW BLVD., SUITE 212					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
(2)					" '	4. II Amendment, Date of Original Filed (Month/Day/Year)								Line)					
(Street)	_													X	Form fil	ed by One	Repo	rting Persor	1
EXTON	PA		19341												Form filed by More than One Reporting Person				ting
(City)	(S	tate)	(Zip)																
		Tal	ole I - Non	-Deriv	/ativ	e Se	curitie	s Ac	quired, [	Dis	posed o	f, or Bei	nefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Trans: Date (Month/L					2A. Deemed Execution Date, if any (Month/Day/Year			Code (Instr. 5)					or and	5. Amour Securitie Beneficia Owned F	s Formally (D) (ollowing (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
	Code V Amount (A) or (D)				Pri	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
			(0	e.g., p	outs,	call	s, warr	ants	s, options	s, c	onvertib	ole secu	rities	s)					
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			ransa Code (I	ransaction of ode (Instr. Derivative		ive ies ed ed nstr.	Expiration Date of Securi (Month/Day/Year) Underlyir			ties ig e Security		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				c	Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option (Right to Buy) <sup>(1)</sup>	\$1.97	05/12/2020			A		11,500		05/12/2021	2)	05/12/2030	Common Stock	11,5	500	\$0	11,500	0	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 2020 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 May 12, 2021 (first anniversary of the date of grant), subject to continued service as a director of the Issuer.

/s/ Maxine Gowen

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.