FORM 4

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

Washington, D.C. 20549

ויי	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										

0.5

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_	Check this box if no longer subject
П	to Section 16. Form 4 or Form 5
Ш	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Casey Mark J  (Last) (First) (Middle)  C/O IDERA PHARMACEUTICALS, INC. 167 SIDNEY STREET  (Street)  CAMBRIDGE MA 02139  (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDRA]  3. Date of Earliest Transaction (Month/Day/Year) 06/29/2015  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner     X Officer (give title Other (specify below)     Senior VP and General Counsel      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. Transacti Date (Month/Day					Execution Date,					ities Acquired (A) or d Of (D) (Instr. 3, 4		5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	<b>,</b>	Amount	(A) or (D)		Reporte Transac	Reported Transaction(s) (Instr. 3 and 4)			,	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	on Date,	4. Transact Code (In 8)			ve es d	6. Date Exercisable Expiration Date (Month/Day/Year)			Amount of		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares					
Stock Option	\$3.44	06/29/2015			A		325,000		(1)	06/	5/29/2025	Common Stock	325,000	\$0.00	325,00	00	D	
Stock Option	\$3.44	06/29/2015			A		275,000		(2)	06/	5/29/2025	Common Stock	275,000	\$0.00	275,00	00	D	

## Explanation of Responses:

- 1. This option was granted under the Company's 2013 Stock Incentive Plan. The option vests with respect to 25% of the underlying shares on the first anniversary of the date of grant and the balance of the underlying shares vests in twelve equal quarterly installments following the first anniversary of the date of grant.
- 2. This option was not granted pursuant to any pre-existing equity plan of the Company. Instead, this option was made as an inducement grant pursuant to Nasdaq Listing Rule 5635(c)(4) in connection with the reporting person's appointment as Senior Vice President and General Counsel. The option vests with respect to 25% of the underlying shares on the first anniversary of the date of grant and the balance of the underlying shares vests in twelve equal quarterly installments following the first anniversary of the date of grant.

## Remarks:

<u>/s/ Mark Casey</u> <u>07/01/2015</u>

\*\* 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.