FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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).

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* GOWEN MAXINE						2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDRA]										tionship of Reportin all applicable) Director Officer (give title		10% C		
(Last) (First) (Middle) C/O IDERA PHARMACEUTICALS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/04/2017										below)			below)	
167 SIDNEY STREET					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X	Form filed by One Reporting Person				
CAMBR	IDGE M	A 0	2139													Form Perso	,	e than One Rep		oorting
(City)	(S	rate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. and 5)					3, 4 Secur Benef Owner		cially I	6. Owne Form: D (D) or Indirect (Instr. 4	irect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount		(A) or (D)	Price	, !	Following Reported Transaction(s) (Instr. 3 and 4)		(iiisu. 4	,	(111341. 4)				
Common Stock 01/04/20						017			A ⁽¹⁾		7,000)	A	\$1.5		17,543		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)	ative Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)			4. Transac Code (II 8)		of Deriv Secu Acqu (A) o Disp	r osed) r. 3, 4	Date Expiration Expiration Date (Month/Day/Year) Expiration Date Expiration Date Expiration Date			Amo Secu Und Deri	Amo or Nun of	ount nber	ıt r		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (II 4)	ct (D) direct	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 in lieu of cash.

<u>/s/ Maxine Gowen</u> <u>01/05/2017</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.