FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| W | as | hin | ata | n. | D | C. | 20549 |
|---|----|-----|-----|----|---|----|-------|

|  | J , |  |  |
|--|-----|--|--|
|  |     |  |  |
|  |     |  |  |
|  |     |  |  |

| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| 1. Name and Address of Reporting Person*  Kraus Carl N  (Last) (First) (Middle)  C/O IDERA PHARMACEUTICALS, INC.  505 EAGLEVIEW BLVD.  (Street)  EXTON PA 19341   |                                    |            |                  |                         |  | 2. Issuer Name and Ticker or Trading Symbol  IDERA PHARMACEUTICALS, INC. [ IDRA ]  3. Date of Earliest Transaction (Month/Day/Year) 09/28/2022  4. If Amendment, Date of Original Filed (Month/Day/Year) |  |                       |                               |        |                                | DRA (Check X   | X Form filed by One Reporting Person   |                               |  |   |  |  |
|---|------------------------------------|------------|------------------|-------------------------|--|--|--|-----------------------|-------------------------------|--------|--------------------------------|--|--|-------------------------------|--|---|--|--|
| (City)  | (S                                 | State)     | (Zip)            | -                       |  |  |  |                       |                               |        |                                |  | Form filed by More than One Reporting<br>Person  |                               |  |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D)  Table II - Derivat (e.g., pi  1. Title of Derivative Conversion Date Or Exercise (Month/Day/Year)  3. Transaction Date Execution Date, if any if any |                                    |            |                  | rivativg., put          | 2A. Deemed Execution Date, if any (Month/Day/Yea)  tive Securities Acquets, calls, warrants  5. Number of Derivative |  |  | quired, Dits, options | Transaction Code (Instr. 3, 4 |        |                                | red (A) or<br>str. 3, 4 and 5)  Price  reficially Curities)  d Amount of Underlying Security | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)  Owned |                               | er of episses   10.   10 |   | . Nature of ndirect teneficial whereship nstr. 4)  11. Nature of Indirect Beneficial |  |
| (Instr. 3)  | Price of<br>Derivative<br>Security |            | (Month/Day/Year) | Code                    | or Disposed of (D) (Instr. 3, 4 and 5)   |  |  | iration               | Amount or Number of Shares    |        |                                | Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4)                                   |  | or Indirect<br>(I) (Instr. 4) | (Instr. 4)   |   |  |  |
| Options<br>(Right to<br>Buy)  | \$12.28                            | 09/28/2022 |                  | A <sup>(1)</sup>        |  | 651,364  |  | (2)                   | 02/0                          | 9/2032 | Common<br>Stock                | 651,364  | (3)  | 651,36                        | 54   | D |  |  |
| Options<br>(Right to<br>Buy)  | \$12,280                           | 09/28/2022 |                  | <b>A</b> <sup>(1)</sup> |  | 6,843  |  | (2)                   | 02/0                          | 9/2032 | Series Z<br>Preferred<br>Stock | 6,843  | (3)  | 6,843                         |  | D |  |  |
| Series Z<br>Preferred<br>Stock  | (4)                                | 09/28/2022 |                  | A <sup>(1)</sup>        |  | 6,843  |  | (4)                   |                               | (4)    | Common<br>Stock                | 6,843,000  | (1)  | 6,843                         |  | D |  |  |

## **Explanation of Responses:**

- 1. Pursuant to the Agreement and Plan of Merger by and between Idera Pharmaceuticals, Inc. ("Idera") and Aceragen, Inc. ("Aceragen"), dated September 28, 2022 (the "Merger Agreement"), Aceragen merged with and became a wholly-owned subsidiary of Idera (the "Merger"). Shares of Aceragen common stock convertible into shares of common stock of Idera, par value \$0.001 per share ("Common Stock") and shares of the Idera Series Z Non-Voting Convertible Preferred Stock, par value \$0.01 ("Series Z Preferred Stock").
- 2. The option vests 25% on October 25, 2022, and then in equal monthly installments over the following 3 years, subject to the Reporting Person's continued service to Issuer through each vesting date.
- 3. Pursuant to the Merger Agreement, the Reporting Person received Idera options for 651,364 shares of Common Stock and options for 6,843 shares of Series Z Preferred Stock options in exchange for 300,000 Aceragen options
- 4. Contingent upon stockholder approval of the conversion of Series Z Preferred Stock into shares of Common Stock, each share of Series Z Preferred Stock is convertible into 1,000 shares of Common Stock, at any time at the option of the holder thereof, subject to certain limitations (represents Series Z Preferred Stock options issuable upon the exercise of the Series Z Stock options reported above).

/s/ John J. Kirby, Attorney-in-09/30/2022 Fact for Carl N. Kraus

\*\* 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.