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 [*] GERAGHTY JAMES A					uer Name and Tic <u> RA PHARN</u> A]		•	(Ch	eck all app X Direc	tor	-	10% O	wner				
(Last) (First) (Middle) C/O IDERA PHARMACEUTICALS, INC.					te of Earliest Trans 7/2016	saction (Mo	Day/Yea		Offic	er (give title v)		Other (below)	specify				
167 SID	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	e Reportin	g Pers	on		
CAMBRIDGE MA 02139										Form Pers	filed by Mor on	e than Or	ne Rep	orting			
(City)	(5	State)	(Zip)														
		Tab	le I - N	on-Deriv	ative S	Securities Acc	quired, [Disp	osed o	of, or Ben	eficia	lly Owne	ed				
1. Title of	Security (In		le I - N	On-Deriv 2. Transac Date (Month/Da	tion	Securities Acc 2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transact Code (In	tion	4. Secu	of, or Ben rities Acquir ed Of (D) (Ins	ed (A) c	r 5. Am Securi Benefi Owned	ount of ties cially I	6. Owner Form: Di (D) or Indirect	rect	7. Nature of Indirect Beneficial Ownership	
1. Title of	Security (In		le I - N	2. Transac Date	tion	2A. Deemed Execution Date, if any	3. Transact Code (In	tion	4. Secu Dispos	rities Acquir ed Of (D) (Ins	ed (A) c	r 5. Am Secur Benef Ownee Follow Repor Trans	ount of ties cially l	Form: Di (D) or	rect	of Indirect Beneficial	
1. Title of	Security (In	str. 3)		2. Transac Date (Month/Da	etion ay/Year) tive Se	2A. Deemed Execution Date, if any	3. Transact Code (In 8) Code	tion str. V	4. Secu Dispos and 5) Amoun sed of,	t (A) or (D) (D)	ed (A) o tr. 3, 4 Price	r 5. Am Secur Benef Owned Follov Repor Trans (Instr.	ount of ties cially l ving ted action(s) 3 and 4)	Form: Di (D) or Indirect	rect	of Indirect Beneficial Ownership	

Derivative	Conversion	Date	Execution Date,	Transact	tion	of		Expiration D	ate	Amount	of	of	derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	if any	Code (In	str.	Derivat	ive	(Month/Day/	Year)	Securities	5	Derivative	Securities	Form:	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	8)		Securit	ies			Underlyin	ıg	Security	Beneficially	Direct (D)	Ownership
1	Derivative					Acquir	ed			Derivativ	e	(Instr. 5)	Owned	or Indirect	(Instr. 4)
1	Security					(A) or				Security	(Instr. 3		Following	(I) (Instr.	
1	1				Disposed			and 4)			Reported	4)			
1	1					of (D)							Transaction(s)		
1	1				(Instr. 3, 4							(Instr. 4)			
1	1				and 5)										
1	1										Amount				
1	1										or				
1	1										Number				
1	1							Date	Expiration		of				
				Code	V	(A)	(D)	Exercisable	Date	Title	Shares				
Stock										Common					
Options ⁽¹⁾	\$1.63	06/07/2016		A		63,000		(2)	06/07/2017	Stock	63,000	\$ <mark>0</mark>	63,000	D	
		1	1			L	L			1	I	I	1		

Explanation of Responses:

1. These options were granted pursuant to the Company's director compensation on the date of the Company's 2017 annual meeting of stockholders at an exercise price to the closing price of the Company's common stock on the date of grant.

2. These options will vest in full and become immediately exercisable on the first anniversary of the date of grant, subject to continued service as director, and are granted under the Company's 2013 Stock Incentive Plan, as amended.

06/08/2017 /s/ James A Geraghty

** 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.