Edgar Filing: IDERA PHARMACEUTICALS, INC. - Form 4

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IDERA PHARMACEUTICALS, INC Form 4 May 16, 2016	2.								
FORM 4 UNITED STATE	OMB APPROVAL								
UNITED STATE	COMMISSION OMB Number: 3235-0287								
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer subject to SECURITIES STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 1(b).									
(Print or Type Responses)									
1. Name and Address of Reporting Person <u>*</u> GERAGHTY JAMES A	2. Issuer Name and Ticker or Trading Symbol IDERA PHARMACEUTICALS, INC. [IDRA]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) C/O IDERA PHARMACEUTICALS, INC., 167 SIDNEY STREET	3. Date of Earliest Transaction (Month/Day/Year) 05/13/2016	X_ Director10% Owner Officer (give titleOther (specify below) below)							
(Street)	4. If Amendment, Date Original Filed(Month/Day/Year)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 							
CAMBRIDGE, MA 02139		Form filed by More than One Reporting Person							
(City) (State) (Zip)	Table I - Non-Derivative Securities Act	quired, Disposed of, or Beneficially Owned							
Security (Month/Day/Year) Execut (Instr. 3) any (Month	eemed 3. 4. Securities Acquired	5. Amount of Securities Form: Direct Indirect Beneficially (D) or Beneficial Owned Indirect (I) Ownership Following (Instr. 4) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)							
Common 05/13/2016 Stock	P 10,000 A ^{\$} 1.34	425,649 D							

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

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 control number.

 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. tionNumber of) Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Relationships **Reporting Owner Name / Address** Director 10% Owner Officer Other GERAGHTY JAMES A C/O IDERA PHARMACEUTICALS, INC. Х **167 SIDNEY STREET** CAMBRIDGE, MA 02139 Signatures /s/ James A 05/16/2016 Geraghty **Signature of Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Person