

Kirby John J.
 Form 3
 November 02, 2018

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Kirby John J.
 (Last) (First) (Middle)

2. Date of Event Requiring Statement
 (Month/Day/Year)
 10/31/2018

3. Issuer Name and Ticker or Trading Symbol
 IDERA PHARMACEUTICALS, INC. [IDRA]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

C/O IDERA
 PHARMACEUTICALS,
 INC., 505 EAGLEVIEW
 BLVD., SUITE 212
 (Street)

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 V.P. of Finance, PFO & PAO

EXTON, PA 19341
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|--|---|--|
| Common Stock | 2,259 ⁽¹⁾ | D | À |

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|---|--|---------------------------|----------------------|--|
|---|---|--|---------------------------|----------------------|--|

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| | Date Exercisable | Expiration Date | (Instr. 4) Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | |
|-----------------------------|------------------|-----------------|---------------------|----------------------------|------------------------------|--|---|
| Stock Option (Right to Buy) | Â (2)(3) | 11/02/2025 | Common Stock | 18,750 | \$ 24.88 | D | Â |
| Stock Option (Right to Buy) | Â (2)(4) | 01/06/2026 | Common Stock | 11,249 | \$ 23.04 | D | Â |
| Stock Option (Right to Buy) | Â (2)(5) | 01/04/2027 | Common Stock | 12,499 | \$ 12.72 | D | Â |
| Stock Option (Right to Buy) | Â (2)(6) | 01/03/2028 | Common Stock | 16,874 | \$ 17.92 | D | Â |
| Stock Option (Right to Buy) | Â (2)(7) | 08/13/2028 | Common Stock | 10,000 | \$ 7.39 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Kirby John J. C/O IDERA PHARMACEUTICALS, INC. 505 EAGLEVIEW BLVD., SUITE 212 EXTON, PA 19341 | Â | Â | Â V.P. of Finance, PFO & PAO | Â |

Signatures

/s/ John J. Kirby 11/02/2018

**Signature of Reporting Person

Date

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

- (1) Includes 1,809 shares purchased through the Company's 1995 and 2017 Employee Stock Purchase Plans.
- (2) Option vests over a four-year period commencing on the grant date. 25% vests on the first anniversary date of grant with the balance vesting in equal quarterly installments over the remaining three years of the four-year vesting period.
- (3) Grant date 11/2/15.
- (4) Grant date 1/6/16.
- (5) Grant date 1/4/17.
- (6) Grant date 1/3/18.
- (7) Grant date 8/13/18.

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.