IDERA PHARMACEUTICALS, INC.

Form 4 July 01, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

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OMB APPROVAL

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if no longer subject to Section 16. Form 4 or

Check this box

Form 5 obligations may continue.

See Instruction

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).

(Last)

C/O IDERA

(Print or Type Responses)

1. Name and Address of Reporting Person * Casey Mark J

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

IDERA PHARMACEUTICALS, INC. [IDRA]

(Check all applicable)

(Middle)

3. Date of Earliest Transaction

Director 10% Owner X_ Officer (give title Other (specify

(Month/Day/Year)

06/29/2015

below) Senior VP and General Counsel

PHARMACEUTICALS, INC., 167

(First)

SIDNEY STREET

4. If Amendment, Date Original

6. Individual or Joint/Group Filing(Check

Applicable Line)

(Street)

(State)

Filed(Month/Day/Year)

X Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

CAMBRIDGE, MA 02139

(Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities

5. Amount of Securities

Beneficially

6. Ownership 7. Nature of Form: Direct Indirect

Security (Instr. 3)

1.Title of

(City)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if (Month/Day/Year) TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)

Owned Following Reported

(D) or Indirect Beneficial Ownership (Instr. 4)

(A)

Code V Amount (D) Price

Transaction(s) (Instr. 3 and 4)

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

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

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1. Title of Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 3.44	06/29/2015		A	325,000	<u>(1)</u>	06/29/2025	Common Stock	325,000
Stock Option	\$ 3.44	06/29/2015		A	275,000	(2)	06/29/2025	Common Stock	275,000

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Casey Mark J C/O IDERA PHARMACEUTICALS, INC. 167 SIDNEY STREET CAMBRIDGE, MA 02139

Senior VP and General Counsel

Signatures

/s/ Mark Casey 07/01/2015

**Signature of Person 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).
- This option was granted under the Company's 2013 Stock Incentive Plan. The option vests with respect to 25% of the underlying shares (1) on the first anniversary of the date of grant and the balance of the underlying shares vests in twelve equal quarterly installments following the first anniversary of the date of grant.
- This option was not granted pursuant to any pre-existing equity plan of the Company. Instead, this option was made as an inducement grant pursuant to Nasdaq Listing Rule 5635(c)(4) in connection with the reporting person's appointment as Senior Vice President and General Counsel. The option vests with respect to 25% of the underlying shares on the first anniversary of the date of grant and the balance of the underlying shares vests in twelve equal quarterly installments following the first anniversary of the date of grant.

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.

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