

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  (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) V.P. of Finance, PFO & PAO	5. If Amendment, Date Original Filed(Month/Day/Year)
---	--	---	--	--

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

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 <sup>(1)</sup>	D	À

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

SEC 1473 (7-02)

**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 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)
---	---	--	---------------------------	----------------------	--

## Edgar Filing: Kirby John J. - Form 3

	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.