Arbeit Robert D. Form 4 December 07, 2011

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 Check this box

if no longer subject to Section 16. Form 4 or

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations may continue.

See Instruction 1(b).

(Last)

(Instr. 3)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 * Arbeit Robert D.

2. Issuer Name and Ticker or Trading Symbol

IDERA PHARMACEUTICALS,

Issuer

INC. [IDRA]

3. Date of Earliest Transaction

(Month/Day/Year) 12/05/2011

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

5. Relationship of Reporting Person(s) to

(Check all applicable)

VP Clinical Development

IDERA PHARMACEUTICALS, INC., 167 SIDNEY STREET

(First)

(Middle)

(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 Form filed by More than One Reporting

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

CAMBRIDGE, MA 02139

(City) (State) (Zip) 1. Title of 2. Transaction Date 2A. Deemed Security

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

5. Amount of Securities Beneficially Owned Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I) (Instr. 4) (Instr. 4)

OMB APPROVAL

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

Estimated average

burden hours per

Reported (A) Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

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

Persons who respond to the collection of SEC 1474 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)

3. Transaction Date 3A. Deemed 1. Title of (Month/Day/Year) Execution Date, if Derivative Conversion

5. Number of Transaction Derivative

6. Date Exercisable and **Expiration Date**

7. Title and Amount of Underlying Securities

(9-02)

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Security (Instr. 3)	or Exercise Price of Derivative Security		any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	(Month/Day/Year)		(Instr. 3 and	4)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 1.157	12/05/2011		A	37,500 (1)	<u>(2)</u>	11/28/2021	Common Stock	37,500 (1)
Stock Option (Right to Buy)	\$ 1.157	12/05/2011		A	37,500 (1)	11/28/2012	11/28/2021	Common Stock	37,500 (1)

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Arbeit Robert D. IDERA PHARMACEUTICALS, INC. 167 SIDNEY STREET CAMBRIDGE, MA 02139

VP Clinical Development

Signatures

/s/ Robert D. 12/07/2011 Arbeit

**Signature of Date
Reporting Person

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).
- The various numbers listed in Columns 5, 7 and 9 relate to a single option grant which entitled the reporting person to purchase up to an aggregate of 150,000 shares of the issuer's common stock. The option to purchase the remaining 75,000 shares of the issuer's common stock is subject to satisfaction of performance-based vesting criteria.
- (2) The option vests over four years in 16 equal quarterly installments beginning on February 28, 2012.

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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