SEC Form 3

FORM 3

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

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] Plansky Michael C.			2. Date of Event Requiring Stater (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol SIGA TECHNOLOGIES INC [SIGA]						
1	(First) ICHNOLOGIES DN AVENUE, SI NY (State)	(Middle) , <mark>INC</mark> .,	05/23/2017	4		ionship of Reporting Pers all applicable) Director Officer (give title below)	ton(s) to Issu 10% Own Other (spe below)	er	(Mont 6. Ind	th/Day/Year) lividual or Join cable Line) Form filed b Person	ate of Original Filed t/Group Filing (Check y One Reporting y More than One erson
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable a Expiration Date (Month/Day/Year)		nd 3. Title and Amount of Secu Underlying Derivative Secu 4)			or		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Exercise Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Michael C. Plansky 05/23/2017

** Signature of Reporting Person Date

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

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.