FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMD ADDDOVAL | | | | | | | | | |
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| OMB APPROVAL | | | | | | | | | |
| OMB Number: 3235-0 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* KINDLER JEFFREY B | | | | SIG | 2. Issuer Name and Ticker or Trading Symbol SIGA TECHNOLOGIES INC [SIGA] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | neck a | onship of Reporting F Il applicable) Director | | ıg Pe | 10% O | wner | |
|---|--|--|---|-----------------|---|--|------------|---|--|-----|---------------|---|--|---|----------------------------|--|---|--|-------------------------|
| (Last) | (Fi | rst) (| Middle) | | | 05/23/2017 | | | | | | | | | Officer (give title below) | | | Other (below) | specify |
| C/O SIGA TECHNOLOGIES, INC. 660 MADISON AVENUE, SUITE 1700 | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 10065 | | | | | | | | | | | | | filed by More | • | Ü | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | Execution Date, | | | Code (Inst | Transaction Disposed Of (D) (Inst Code (Instr. and 5) | | | | | | ties For cially (D) I Ind | | n: Direct or rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amoun | ount (A) or (D) | | , F | Reporte Fransa | | | 4) | (111341 . 4) |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactio Code (Insti 8) | | on of E | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | e and 7. Title and Amount of Securities Underlying Derivative Security (In and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | Ownership Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Exp | oiration e | Title | Amount or Number of Shares | | | | | | |
| Restricted Stock Units | (1) | 05/23/2017 | | | A | | 15,000 | | (2) | | (2) | Common Stock, par value \$.0001 per share | 15,000 | \$ | 60 | 15,000 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") converts into one share of common stock of SIGA Technologies, Inc. on a one for one basis.
- 2. The RSUs vest on the first anniversary of the grant date.

<u>/s/ Jeffrey B. Kindler</u> <u>05/23/2017</u>

** Signature of Reporting Person D

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 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).

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.