FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL						
OMB Number: 3235-0							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Abrams Robin Elizabeth			Date of Event equiring Staten Month/Day/Year 4/12/2016		3. Issuer Name and Ticker or Trading Symbol SIGA TECHNOLOGIES INC [ SIGA ]						
(Last) C/O SIGA TE	(First) (Middle) GA TECHNOLOGIES INC.				Relationship of Reporting Perso (Check all applicable)     Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)		
660 MADISON AVENUE, SUITE 1700  (Street)  NEW YORK NY 10065		10065			X	Officer (give title below)  General Counsel an	Other (spe below) ad CAO	, 10	6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One		
(City)	(State)	(Zip)							Reporting P	erson	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					ınt of Securities ially 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 and Expiration Date (Month/Day/Year)		3. Title and Amount of Securi Underlying Derivative Securi					6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title	3	Amount or Number of Shares	Derivative Security			

Explanation of Responses:

No securities are beneficially owned.

/s/ Robin E. Abrams 10/24/2016

\*\* 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.