FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| 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

| Name and Address of Reporting Person* CONSTANCE THOMAS E | | | | | | 2. Issuer Name and Ticker or Trading Symbol SIGA TECHNOLOGIES INC [SIGA] | | | | | | | | | | Relationship eck all app X Direct | * | | rson(s) to Is | |
|---|--|--|------------------------|--|--|--|---|--------|-------------|--|------|---|---|-------------------|--------------|--|--|---|--|---|
| (Last) | , | rst) (DLOGIES, INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2017 | | | | | | | | | | | Officer (give title below) | | | specify |
| 660 MA | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person | | | | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 10065 | | | | | | | | | | | | | | iled by More than One Reporting | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Exe if a | A. Deemed execution Date, fany Month/Day/Year) | | | Transaction Dispo | | | curities Acquired esed Of (D) (Instr.) | | | Securii Benefi Owned | ies cially | 6. Ownership Form: Direct (D) or Indirect (I) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | Code | v | Amoun | t (A) or (D) | | Price | | | (Instr. 4) | | (Instr. 4) |
| Common Stock, Par Value \$.0001 Per Share 05/17/2 | | | | | 017 | | | | M | | 15,0 | ,000 A | | \$ <mark>0</mark> | 26 | 3,500 | | D | | |
| | 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) | Execution Date, if any | | 4. Transactior Code (Instr 8) | | n of | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exe | te ercisable | Exp | oiration te | Title | or Nu of | mber ares | | | | | |
| Restricted Stock Units | (1) | 05/17/2017 | | | М | | | 15,000 | | (2) | | (2) | Stock par valu \$.0001 per sha | e 15 | ,000 | \$0 | 0 | | 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 were granted on May 17, 2016, and vested on the first anniversary of such date.

<u>/s/ Thomas E. Constance</u> <u>05/19/2017</u>

** 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 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.