FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ashington, | D.C. | 20549 | | | |
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| ١ | OMB Number: | 3235-028 |

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

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

| OWD 7 II I | (OV) | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol SIGA TECHNOLOGIES INC [SIGA] | | | | | | | | 5. Relationship of (Check all applica X Director | | ıble) | | n(s) to Issuer 10% Owner | | |
|--|---|--|--|---|------------------|--|--------|--------------------------------|---|----------------------------|--------------------|---|--|---|---|--|--------------------------|--|---|--|
| | A TECHNO | irst) DLOGIES, INC. ENUE, SUITE 1 | | | 05 | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2014 | | | | | | | | bel | ow) | (give title | | Other (s below) | | |
| (Street) NEW YORK NY 10065 (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transi Date (Month/IL | | | | | sactio | action 2A. Deemed Execution Date, | | 3. 4. Securit | | 4. Securitie Disposed (| es Acquire | I (A) or | 5. Amount of Securities Beneficially Owned Followin | | s lly ollowing | Form: | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | , , | | Code | v | Amount | (A) or (D) | Price | Tran | Reported Transaction((Instr. 3 and | | | | (Instr. 4) | |
| Common Stock, Par Value \$.0001 Per Share 05/15 | | | | | 15/20 | /2014 | | M | | 15,000 A | | \$0 | | 32,150 | | D | | | | |
| | | | Table II - I | | | | | | | | osed of, o | | | Owne | d | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y | c | ransa Code (I | de (Instr. Securit Acquir Dispos (D) (Ins and 5) | | ve es ed (A) or ed of | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | te | of Securities | | Derivative Security | | 9. Number derivative Securities Beneficia Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amoun or Numbe of Shares | r | | Transacti (Instr. 4) | ion(s) | | | |
| Restricted Stock Units | (1) | 05/15/2014 | | | A | | 15,000 | | (2) | (2) (2) | | Common Stock, par value \$.0001 per share | 15,00 | 0 \$0 | | 15,000 | | D | | |
| Restricted Stock Units | (1) | 05/15/2014 | | | M | | | 15,000 | (2) | | (2) | Common Stock, par value \$.0001 | 15,00 | 0 \$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 vest on the first anniversary of the grant date.

Remarks:

/s/ Andrew L. Stern ** Signature of Reporting Person

per share

05/15/2014

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.