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

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person

Weiner Michael, M.D. 161 Fort Washington Avenue, 7th Floor New York, NY 10032

2. Issuer Name and Ticker or Trading Symbol

Siga Technologies, Inc. -- SIGA

- 3. IRS or Social Security Number of Reporting Person (Voluntary)
- 4. Statement for Month/Year

August, 2001

- 5. If Amendment, Date of Original (Month/Year)
- 6. Relationship of Reporting Person(s) to Issuer (Check all applicable)
  - (X) Director ( ) 10% Owner ( ) Officer (give title below) ( ) Other (specify below)
- 7. Individual or Joint/Group Filing (Check Applicable Line)

  - (X) Form filed by One Reporting Person( ) Form filed by More than One Reporting Person

Table I Non-Derivat	ive Secur	ities Acqui	red, Disposed o	of, or Bene	ficially	/ Owned			1
1. Title of Security	2.   Trans       Date		Securities Acq or Disposed of Amount		Price	5.Amount of   Securities   Beneficially   Owned at   End of Month	6.Dir  ect  (D)or  Indir  ect(I)	7.Nature of Indirect   Beneficial Ownership     	
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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).

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version   Transaction   rivative   Secu   Cisable   and   of   Underlying   of   Deri   of   Or   Or   Or   Or   Or   Or   Or   O	1.Title of Derivative	2.Con-	3.	4.	5.Number	of De	6.Da	te Exer	7.Title a	and Amount	8.Pric	e 9.Number	10. 11.	Nature o
cise     red(A) or Dis   Date(Month/    Secu   Securities   (D)   Ownersh.     Price of     posed of(D)   Day/Year)     rity   Benefi   or     Deriva-         Date   Expir       ficially   Ind     tive         A/   Exer-lation   Title and Number     Owned at   ire     Secu-         D   cisa-  Date   of Shares   End of   ct     rity   Date   Code   V   Amount     ble                                       Stock Option   \$2.50   8/15/01   A   V   100,000   A   8/15/01   5/3/11   Common Stock   100,000   100,000   D	Security	version	Transa	action	rivative	Secu	cisa	ble and	of Unde	erlying	of Der	i of Deriva	Dir Ind	irect
Price of       posèd of (D)   Day/Year)       rity   Benefi   or		or Exer			rities A	cqui	Expi	ration	Securit	ties	vative	tive	ect Ben	eficial
Deriva-		cise			red(A) o	r Dis	Date	(Month/			Secu	Securities	(D) 0wn	ership
tive		Price of	1		posed of	(D)	Day/	Year)			rity	Benefi	or	
Secu-		Deriva-					Date	Expir				ficially	Ind	
rity  Date  Code V  Amount    ble		tive				A	/ Exer	- ation	Title	and Number	.	Owned at	ire	
Stock Option  \$2.50  8/15/01  A  V  100,000  A  8/15/01 5/3/11 Common Stock 100,000    100,000   D		Secu-				D	cisa	- Date	of Sha	ares		End of	ct	
		rity	Date	Code V	Amount		ble					Month	(I)	
		\$2.50   	8/15/0	 1  A  V 	100,000 	  A 	  8/15/ 	  01 5/3/1: 	1 Common	Stock 100,	000	100,000 	D   	

/s/ Weiner Michael, M.D.

\*\* Signature of Reporting Person

October 26, 2001 -----Date

\*\* 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 provided is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information  $\,$  contained in this form are not  $\,$  required to respond  $\,$  unless the form  $\,$  displays a currently valid OMB Number.

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