FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

	OMB APPRO	VAL					
	OMB Number: 3235-0104 Estimated average burden						
	hours per response:	0.5					

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 Add Bevins Will	Date of Event equiring Staten Month/Day/Year 3/09/2011	nent	3. Issuer Name and Ticker or Trading Symbol SIGA TECHNOLOGIES INC [ SIGA ]									
(Last) (First) (Middle) C/O SIGA TECHNOLOGIES, INC.					ationship of Reporting Perso call applicable) Director	erson(s) to Issuer 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)				
35 EAST 62ND STREET					Officer (give title below)		Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person			
(Street) NEW YORK	NY	10065								y More than One		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially 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 Secur Underlying Derivative Securi		ty (Instr. 4) Conve		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title	•	Amount or Number of Shares	Price of Derivativ Security	e Direct (D) or Indirect (I) (Instr. 5)			

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

<u>/s/ William C. Bevins</u> 03/11/2011

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.