FORM 4

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

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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*     Hruby Dennis E							Issuer Name and Ticker or Trading Symbol     SIGA TECHNOLOGIES INC [ SIGA ]      Date of Earliest Transaction (Month/Day/Year)								tionship of all applicat Director Officer (g	ole)	g Per	son(s) to Is  10% O	wner	
(Last)	(First)	,		06/08/2017								X	below) below)  VP & Chief Scientific Officer				er .			
C/O SIGA TECHNOLOGIES, INC. 27 EAST 62ND STREET																				
- INST OZNO STREET							4. If Amendment, Date of Original Filed (Month/Day/Year)								dividual or Joint/Group Filing (Check Applicable					
(Street)														X	, ,					
NEW YORK NY 10065													Form filed by More than One Reporting Person							
(City)	(State	e) (	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquii Disposed Of (D) (In					5. Amount Securities Beneficiall Owned Following	curities F eneficially (I vned II		: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amoui	nount (A) or (D)		Price	Reported Transactio (Instr. 3 an	on(s)		. 4)	(1115tr. 4)	
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)	Title of 2. 3. Transaction 3A. Deemed 4. Trivative Security Conversion Date Execution Date, if Co				4. Trans Code (Ir	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		unt of lying	Derivative		er of e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Exp Date	iration e	Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)				
Stock Option (Right to buy)	\$3.1	06/08/2017	1		D			200,000	(1) 07/		26/2017	7 Common Stock, par value \$.0001 per share		200,000	\$0.42 <sup>(2)</sup>	100,00	00	D		
Restricted Stock Units	(3)	06/08/2017	/08/2017		A		25,000		(4)		(4)	Stock	imon k, par \$.0001 share	25,000	\$0	25,00	00	D		

## **Explanation of Responses:**

- 1. Options to purchase up to 300,000 shares of common stock of SIGA Technologies, Inc. (the "Issuer") were granted to the reporting person pursuant to a Stock Option Agreement, dated July 26, 2007, of which options to purchase 200,000 of such shares have vested.
- 2. The 200,000 vested options were cash settled by mutual agreement of the reporting person and the Issuer. The reporting person received \$84,000 as consideration for the surrender and cancellation of the vested options.
- 3. Each restricted stock unit ("RSU") converts into one share of common stock of the Issuer on a one for one basis.
- 4. The RSUs vest upon the U.S. Food & Drug Administration's final approval of TPOXX for the treatment of orthopoxvirus infections.

<u>/s/ Dennis E. Hruby</u> <u>06/09/2017</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.