SIGA TECHNOLOGIES INC

Form 4

December 17, 2008

December 17	, 2000										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						OMB APPROVAL				
Check thi	is box		Was	hington,	D.C. 20	549			Number:	3235-0287 January 31,	
if no long subject to	STATEMENT OF CHANGES IN BENEFICIAL OWN						NERSHIP OF	Expires:	2005		
Section 16. Form 4 or			SECURITIES						Estimated average burden hours per		
			Section 16(a) of the Securities Exchang					re Act of 103/	response	0.5	
obligation may conti	Section 176						_	f 1935 or Sectio	n		
See Instru		30(h)	of the In	vestment	Compan	y Ac	t of 19	40			
1(b).											
(Print or Type F	Responses)										
ROSE ERIC A MD Symbol SIG.			2. Issuer Symbol	Name and	Ticker or	Tradir	ng	5. Relationship of Reporting Person(s) to Issuer			
			SIGA TECHNOLOGIES INC [SIGA]					(Check all applicable)			
(Last)	(First) (N	Middle)		Earliest Tra	ansaction			X Director X Officer (give		Owner er (specify	
C/O SIGA TECHNOLOGIES,			(Month/Day/Year) 12/15/2008					below) below) Chief Executive Officer			
INC., 420 L SUITE 408	EXINGTON AV	ENUE,									
			ndment, Date Original				6. Individual or Joint/Group Filing(Check Applicable Line)				
NEW YORI	K, NY 10170		Theu(Mon	th/Day/Year)				_X_ Form filed by 0	One Reporting Po		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative :	Secur	ities Acc	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of	2. Transaction Date	e 2A. Dee		3.				5. Amount of	6. Ownership		
Security (Instr. 3)	(Month/Day/Year)	Execution any	on Date, if	Transaction(A) or Disposed of Code (D)					Form: Direct (D) or	Indirect Beneficial	
(msu. 5)		-	/Day/Year)	(Instr. 8)	` '			Owned	Indirect (I)	Ownership	
						(4)		Following Reported	(Instr. 4)	(Instr. 4)	
						(A) or		Transaction(s) (Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price	(msu. 3 and 1)			
Stock, par							¢				
value	12/15/2008			P	9,200	A	э 3.06	1,330,680 (1)	D		
\$.0001 per share											
Common Stock, par											
value	12/15/2008			P	9,200	A	\$ 3.06	1,339,880 (1)	I	By Spouse	
\$.0001 per share							3.00				

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

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 control number.

SEC 1474 (9-02)

> 9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerci	sable and	7. Title	and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	iorNumber	Expiration Da	te	Amoun	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/Y	(ear)	Underl	ying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)
	Derivative				Securities			(Instr. 3	3 and 4)	
	Security				Acquired					
					(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration Date	Title N	or	
						Exercisable			Number	
									of	
				Code V	$^{\prime}$ (A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address		Kelationships						
	Director	10% Owner	Officer	Other				

ROSE ERIC A MD C/O SIGA TECHNOLOGIES, INC. 420 LEXINGTON AVENUE, SUITE 408 NEW YORK, NY 10170

X

Chief Executive Officer

Signatures

/s/ Eric A. Rose MD 12/17/2008

**Signature of Date
Reporting Person

Explanation of Responses:

- * 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).
- (1) Includes 1,220,000 shares of common stock issuable upon exercise of options. Does not include shares of common stock that Dr. Rose, as a director of TransTech Pharma, may be deemed to beneficially own and as to which Dr. Rose disclaims beneficial ownership.

Note: File three copies of this Form, one of which must be manually signed. If space 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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