Edgar Filing: SIGA TECHNOLOGIES INC - Form 4

SIGA TECHNOLOGIES INC
Form 4
October 29, 2001

4 per 29, 2001 UNITED STATES SECURITIES WASHINGTON, D.C. 20549	AND EXCHANGE C	OMMISSION								
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 Re	eporting Person									
Weiner Michael, M.D. 161 Fort Washington New York, NY 10032		oor								
2. Issuer Name and Ticker	r or Trading Sy	mbol								
Siga Technologies, Ir	nc SIGA									
3. IRS or Social Security	y Number of Rep	orting Person (Vo	luntary)							
4. Statement for Month/Ye	ear									
August, 2001										
5. If Amendment, Date of	Original (Mont	h/Year)								
6. Relationship of Report	cing Person(s)	to Issuer (Check	all applical	ole)						
(X) Director () 10% ((specify below)	Owner () Offic	er (give title be	low) () Otl	her						
7. Individual or Joint/Gi	roup Filing (Ch	eck Applicable Li	ne)							
(X) Form filed by One() Form filed by More										
Table I Non-Derivativ	ve Securities A	cquired, Disposed	of, or Bene	eficiall	y Owned					
1. Title of Security	2. 3. Transaction 	4.Securities A or Disposed 	-	Price	5.Amount of Securities Beneficially Owned at End of Month					

Transa 	action (or Disposed of	(D)		Securities Beneficially Owned at	
Date	Code V	Amount	D	Price	End of Month	İ
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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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Explanation of Responses:

/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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