SEC Form 4	
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FORM 4

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number: 3235-0287									
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1. Name and Address of Reporting Person* Johnson David Louis			2. Issuer Name and Ticker or Trading Symbol <u>DYNAVAX TECHNOLOGIES CORP</u> [ DVAX]		ionship of Reporting Perso all applicable) Director Officer (give title below)	on(s) to Issuer 10% Owner Other (specify below)
		( <i>)</i>	3. Date of Earliest Transaction (Month/Day/Year)		Vice Preside	ent
C/O DYNAVA2	LECHNOLOGIE	.5	02/05/2016			
2929 SEVENT	I STREET, SUITE	100				
(Other at)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line)	idual or Joint/Group Filing	(Check Applicable
(Street) BERKELEY	CA	94710		X	Form filed by One Repo	rting Person
	CA	54710			Form filed by More than Person	One Reporting
(City)	(State)	(Zip)				
		Table I - Non-Deriv	ative Securities Acquired, Disposed of, or Benefic	ially O	wned	

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11311. 4)

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

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		5. Number Derivative Securities Acquired or Dispos of (D) (Ins 4 and 5)	(A) ed	6. Date Exerc Expiration Da (Month/Day/)	ate			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Option (Right to Buy)	\$21.05	02/05/2016		A		30,000 <sup>(1)</sup>		(2)	02/04/2026	Common Stock	30,000 <sup>(1)</sup>	(3)	30,000 <sup>(1)</sup>	D	

## Explanation of Responses:

1. At employee's election by a defined date, equity grant may be received as: (a) stock options, (b) restricted stock units at a ratio of 1.6 options for each restricted stock unit, or (c) 50% as stock options and 50% as restricted stock units at a ratio of 1.6 options for each restricted stock unit. Each restricted stock unit represents a right to receive one share of common stock.

2. This equity grant will vest over four (4) years with one fourth (1/4) of the shares subject to vesting twelve months after the grant date, and one forty-eighth (1/48) of the shares subject to the grant vesting on the last day of each month thereafter.

## 3. Not applicable. **Remarks:**

## /s/ David Johnson

\*\* Signature of Reporting Person

Date

02/09/2016

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.