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

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response:	0.5									

	tion 1(b).			Filed				a) of the Secu				934		Tiouis p	er response.		0.5	
					or Se	ction 30(h)	of the	Investment (Compa	any Act	of 1940							
1. Name and Address of Reporting Person* MacDonald Kelly					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					DYNAVAX TECHNOLOGIES CORP [DVAX]							1	Directo	,	10% Owner		ner	
												:	X Officer below)	(give title		ner (sp low)	ecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)						SVP and CFO						
C/O DYNAVAX TECHNOLOGIES				-	02/15/2024							5 vi and ci o						
2100 POWELL STREET, SUITE 720					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)													X Form f	iled by One	Reporting F	erson		
(Street) EMERYVILLE CA 94608												Form filed by More than One Reporting Person						
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication												
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Satisfy the animinative defense containons of Natio 1950-1(c), one manufaction for																	
		Tab	le I - Non-	-Derivat	tive S	Securities	s Ac	quired, D)ispo	osed o	f, or Bei	neficiall	y Owned					
Date			2. Transact Date (Month/Da	Execution Date,		Code (Instr. 5)				Beneficia	es l	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	t o	7. Nature of Indirect Beneficial Ownership				
							Code	V A	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)	.,,	(1	nstr. 4)		
		-	Table II - D)orivotiv	,	ourition	Λοα	uirod Die	noc	and of	or Pone	ficially	Owned			_		
								oneu, Dis					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date Execution Date, (Month/Day/Year) (Mon		5. Numl of Derivati Securiti Acquire (A) or Dispose	Number rivative curities quired or sposed (D) (Instr.			d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Cod	de V	(A)	(D)	Date Exercisable		oiration te	Title	Amount or Number of Shares						
Stock Options (Right to Buy)	\$12.48	02/15/2024		A ⁽	1)	65,000		(2)	02/1	15/2031	Common Stock	65,000	\$0.00	65,000	Г			
Restricted	(3)	02/15/2024		A ⁽	1)	46,430		(3)		(3)	Common	46,430	(3)	46,430	Г			

Explanation of Responses:

- 1. Code A: Grant, award or other acquisition
- 2. This option grant will vest over three (3) years with one third (1/3) of the shares subject to the option vesting twelve months after the grant date of February 15, 2024, and one thirty-sixth (1/36) of the shares subject to the option vesting each month thereafter.
- 3. Each RSU represents a contingent right to receive one share of common stock. The RSUs vest over three years with 1/3 vesting on each annual anniversary of February 15, 2024.

Remarks:

/s/KELLY MACDONALD

02/20/2024

** 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.