FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					$\overline{}$																
1. Name and Address of Reporting Person*					<u>D</u>	2. Issuer Name and Ticker or Trading Symbol DYNAVAX TECHNOLOGIES CORP DVAX									(Ched	ck all applic Directo	,		son(s) to Iss 10% Ov Other (s	vner	
(Last)	•	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/03/2023								X	below)	.0	below)		респу		
2100 POWELL STREET, SUITE 720					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	VILLE C	A	94608												X Form filed by One Reporting Person  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.														
		Tab	le I - Nor	n-Deriv	/ativ	e Se	curit	ties Ac	quire	ed, Di	isp	osed o	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,			, Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 ar				es Fo ally (D) Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Co	ode V		Amount	(A) o (D)	r Pri	се	Reported Transact (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock 11/0					3/202	3/2023		M	<b>M</b> <sup>(1)</sup>		20,00	0 A	\$	5.42	23,	3,187		D			
Common Stock 11/03				3/202	/2023			S	S <sup>(1)</sup>		20,000 D			515	3,187			D			
		٦	Fable II -							,	•	,	or Ben ole secu		•	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transa Code (l 8)				Expir	6. Date Exercisable a Expiration Date (Month/Day/Year)			e and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	s S Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Ex Da	piration ate	Title	Amor or Numl of Share	per						
Stock Option (Right to Buy)	\$5.42	11/03/2023			M <sup>(1)</sup>			20,000	(	(2)	02	/11/2027	Common Stock	20,0	00	(3)	29,000	0	D		

## **Explanation of Responses:**

- $1.\ The\ sales\ reported\ on\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ 10b5-1\ trading\ plan\ adopted\ on\ May\ 5,\ 2023.$
- 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 12, 2020, and one thirty-sixth (1/36) of the shares subject to the option vesting on the last day of each month thereafter.
- 3. Not applicable.

## Remarks:

/s/ David Novack

11/07/2023

\*\* Signature of Reporting Person

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

- $^{\star}$  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.