FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

| Washington, | D.C. | 20549 |
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| wasnington, D.C. 20549 | OMB APPE | ROVAL |
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| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | OMB Number: | 3235- |

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| | OMB Number: | 3235-036 |
| | Estimated average bu | rden |
| | hours per response. | 1 |

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| Form 3 | Holdings Repo | rted. | | | | | | | | | | | | aro per | теоропос. | 1.0 |
|---|---|---|---|---|---|---------------------------------|-----------------|---|--|---|--|---|--|----------------|--|---------------------------------------|
| _ | Transactions R | | File | ed pursuant to or Section | | | | | ities Excha ompany Ac | | | | | | | |
| 1. Name and Address of Reporting Person* <u>Janssen Robert</u> | | | 2. Issuer Name and Ticker or Trading Symbol DYNAVAX TECHNOLOGIES CORP DVAX | | | | | | | 5. Relationship of Repor (Check all applicable) Director | | | 10% | Owner | | |
| | | st) (I CHNOLOGIES REET, SUITE 10 | Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/21/2017 | | | | | | Year) | X Officer (give title Other (specify below) Vice President | | | | |
| (Street) BERKELEY CA 94710 (City) (State) (Zip) 4. If Amendment, Date of Original Filed (Month/D | | | | | | | | ay/Yea | | ine) X Fo Fo | or Joint/Gro rm filed by C rm filed by N rson | one Re | eporting Per | son | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | s Ac | quire | d, Di | sposed | of, or | Benefici | ally Owi | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) 3. Transac Code (Ir 8) | | | | | | or Disposed | 5. Amount of Securities Beneficially Owned at end | | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | 0, | Amount | | | (A) or (D) | Price | Issue | Issuer's Fiscal Year (Instr. 3 and | | | (Instr. 4) | | |
| Common Stock 02/21/ | | | 02/21/2017 | | G | | ; | 1, | 000 | D | \$0.00 | 23,548 | | | D | |
| | | Та | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | d | | | |
| 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. Transaction Code (Instr. 8) | 5. Numof Deriv Secun Acqui (A) or Disport of (D) (Instrand 5 | ative rities ired osed | Expir: (Mont | Date Exercisable and xpiration Date Month/Day/Year) ate Expiration xercisable Date | | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Security (Instr. and 4) | | 8. Price of Derivative Security (Instr. 5) | tive derivative ty Securitie | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Remarks:

/S/ Robert Janssen

01/22/2018

** Signature of Reporting Person

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.