FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person* Johnson David Louis | | | | | | 2. Issuer Name and Ticker or Trading Symbol DYNAVAX TECHNOLOGIES CORP [DVAX] | | | | | | | | | k all applic Directo | cable) or (give title | g Pers | 10% Ow Other (s below) | ner | |
|---|---|--|---|-------|------------------------------|--|--|------|---|------|--------------------|---|---|-----------------------|---|---|----------------|--|--|--|
| (Last) (First) (Middle) C/O DYNAVAX TECHNOLOGIES 2929 SEVENTH STREET, SUITE 100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018 | | | | | | | | Vice President | | | | | | |
| (Street) BERKELEY CA 94710 (City) (State) (Zip) | | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | saction | , | curities Acq 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Secu | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 5. Amou Securitie Benefici Owned F | nt of es ally following | Form (D) o | n: Direct or Indirect onstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common Stock 02/05/ | | | | | | 2018 | | Code | v V | 4,68 | (D) | | .00 ⁽¹⁾ | Transact (Instr. 3 | ,406 | | D | | | |
| | | | Table II - | | | | | | | | | f, or Be | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if if any (Month/Day | Date, | 4. Transa Code (8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | te | of Secu Underly Derivati | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiratior Date | Title | Amou or Numb of Share | per | | | | | | |
| Stock Option (Right to Buy) | \$16.45 | 02/01/2018 | | | A | | 56,000 | | (2) | | 01/31/202 | Commo | 56,0 | 00 | \$0.00 | 56,000 | 0 | D | | |
| Restricted Stock Unit | (1) | 02/05/2018 | | | M | | 4,688 | | (3) | | 02/04/2020 | Commo | 4,68 | 38 | \$0.00 | 10,312 | 2 | D | | |

Explanation of Responses:

- 1. Each restricted stock unit represents a right to receive one share of common stock.
- 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, and one thirty-sixth (1/36) of the shares subject to the option vesting on the last day of each month thereafter.
- 3. 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.

Remarks:

/S/ David Johnson

02/05/2018

** 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.