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

| 1. Name and Address of Reporting Person* <u>Lew Jennifer</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol DYNAVAX TECHNOLOGIES CORP [DVAX] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issu Check all applicable) Director 10% Ow | | | vner | | |
|--|---|--|---|-------|-------------------------------|---|--|---------------|---|--------------------------------------|--------------------|---|---|-------------------------|--|---|-----------------|--|---|--|
| (Last) (First) (Middle) C/O DYNAVAX TECHNOLOGIES | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2012 | | | | | | | | | Officer (give title below) VP, Finance & PAO | | | | респу | |
| 2929 SEVENTH STREET, SUITE 100 | | | | | | | | | | | | | | | C. Ladividual en Jaint/Course Elling (Charl. Applicable | | | | | |
| (Street) BERKELEY CA 94710 | | | | | . 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing Line) X Form filed by One Report Form filed by More than | | | | | | | | | | rting Perso | n | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | Person | l. | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ear) i | if any | ecution Date, | | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) or d Of (D) (Instr. 3, 4 a | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form: (D) or | rm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | Amount (A) or (D) | | Price | Transact (Instr. 3 a | ction(s) | | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution I if any (Month/Day | Date, | 4. Transa Code (1 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | urity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |
| Option (Right to | \$3.48 | 01/31/2012 | | | A | | 75,000 | | (1) | | 01/30/2022 | Commo | ¹ 75 | ,000 | (2) | 75,000 | | D | | |

Explanation of Responses:

- 1. This option grant shall vest over four (4) years with one fourth (1/4) of the Shares subject to the Option vesting twelve months after the Vesting Commencement Date, and one forty-eighth (1/48) of the Shares subject to the Option vesting on the last day of each month thereafter.
- 2. Not applicable.

/s/ Jennifer Lew

02/02/2012

** 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.