FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | | |

| 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 Sec | tion 30(h) | of the | Investment | Com | pany Act | of 1940 | | | | | | | |
|--|---|------------|--|----------------|--|--|--------|--|------------|---|------------------------|---|---|---|-------|--|---------------------------------------|--|
| 1. Name and Address of Reporting Person* <u>LARSON CHRISTINE R</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol DYNAVAX TECHNOLOGIES CORP [DVAX] | | | | | | | (Che | 5. Relationship of Reporting Pers (Check all applicable) Director X Officer (give title | | | on(s) to Issue 10% Owi Other (sp | ner | |
| (Last) 2929 SE SUITE 1 | VENTH ST | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/13/2012 | | | | | | | VP and Chief Financial Officer | | | | | | |
| (Street) BERKEI (City) | | | 94710 (Zip) | | 4. If Am | endment, [| Oate (| of Original Fi | iled (| Month/Da | y/Year) | Line | Y Form fil | ed by One | Repor | (Check Appl ting Person One Reporti | | |
| | | Та | ble I - Non | -Deriva | tive S | ecurities | s Ac | quired, [| Disp | osed o | f, or Be | neficially | / Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date | | e, Transaction Dispose Code (Instr. | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | . Nature of ndirect leneficial ownership nstr. 4) | | | | |
| | | | | | | | | Code | Code V Amo | | t (A) or Pri | | Transaction(s) (Instr. 3 and 4) | | | | , , | |
| | | | Table II - C | | | | | uired, Di s, options | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Dat if any (Month/Day/Yo | Cod | saction e (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | of Securi Underlyii | ng e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transaction | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Cod | e V | (A) | (D) | Date Exercisable | | kpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Option (Right to | \$3.7 | 08/13/2012 | | A | | 300,000 | | (1) | 08 | 3/12/2022 | Common Stock | 300,000 | (2) | 300,00 | 0 | D | | |

Explanation of Responses:

- 1. This Option 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

08/14/2012 Christine R. Larson

** 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.