FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	ourden							

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

1. Name and Address of Reporting Person* <u>Gray Eddie</u>			<u>I</u>	2. Issuer Name and Ticker or Trading Symbol DYNAVAX TECHNOLOGIES CORP DVAX							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last)	_ast) (First) (Middle)				-							X	Officer (below)	give title		Other (spelow)	pecify	
C/O DYNAVAX TECHNOLOGIES				3. Date of Earliest Transaction (Month/Day/Year) 02/09/2015							CEO and Director							
2929 SEVENTH STREET, SUITE 100					If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) BERKEI	LEY C.	A	94710		4. II Amendinent, Date of Original Filed (Month/Day) (ear)						Line)							
(City)	(S	tate)	(Zip)		Person													
		Ta	ble I - Non-I	Derivati	ve Se	curities	s Acc	quired, I	Disp	osed c	of, or Be	nefici	ally	Owned				
Date			. Transacti ate Month/Day	Execution Date,		Code (I	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			red (A) o str. 3, 4 a	5. Amount Securities Beneficial Owned Fo Reported		Form ly (D) c		m: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or Pric	се	Transaction (Instr. 3 and				(111511.4)
Common Stock											2,500(1)			D				
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 Date, if any (Month/Day/Year)	Code		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security		9. Number derivative Securities Beneficia Owned Following Reported	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)		Date Exercisable		xpiration ate	Title	Amou or Numb of Sha	er		Transaction(s) (Instr. 4)			
Option (Right to Buy)	\$16	02/09/2015		A		225,000		(2)	02	2/08/2025	Common Stock	225,0	000	(3)	650,00	1 ⁽⁴⁾	D	

Explanation of Responses:

- 1. Represents the amount of securities beneficially owned as previously disclosed. The number of shares has been adjusted retroactively to reflect the company's reverse stock split on November 7, 2014.
- 2. This option grant will vest over four (4) years with one fourth (1/4) of the shares subject to the option vesting twelve months after the grant date, and one forty-eighth (1/48) of the shares subject to the option vesting on the last day of each month thereafter, providing further that half (112,500) of the options are subject to shareholder approval of an increase in the number of shares available under the 2011 Equity
- 3. Not applicable.
- 4. The number of derivative securities has been adjusted retroactively to reflect the company's reverse stock split on November 7, 2014.

Eddie Gray, by /s/ Michael Ostrach, Attorney-in Fact

 $\underline{02/11/2015}$

** 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.