FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| 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 Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* <u>RICCIARDI NATALE S</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol DYNAVAX TECHNOLOGIES CORP DVAX DVAX | | | | | | | | (Che | elationship o eck all applio C Directo | cable) or | g Pers | 10% O | wner | | |
|---|--|--|---|---------|--|------|--|------|---|------|--------------------|-----------------|----------------|---|---|---------------|--|--|----------|--|
| (Last) | ` | , | (Middle) | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | Officer below) | (give title | | Other (below) | specify | |
| C/O DYNAVAX TECHNOLOGIES | | | | | 05/28/2020 | | | | | | | | | | | | | | | |
| 2100 POWELL STREET, SUITE 900 | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6 In | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) EMERYVILLE CA 94608 | | | | | 4. II Amendment, Date of Original Filed (Monthin Day) 1841) | | | | | | | | Line | ne) X Form filed by One Reporting Person | | | | | | |
| | | | | | | | | | | | | | | Persor | | e thar | one Repo | rting | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | -Deriva | ative | e Se | curities | s Ac | quired, | Dis | posed o | f, or B | enef | iciall | y Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transaction Code (Instr. 5) 4. Securir Disposed 5) | | | | | 5. Amour Securitie Beneficia Owned F Reported | s ally following | Form (D) o | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) P | | Price | Transact (Instr. 3 a | ion(s) | | | (1130.4) | |
| | 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 Da if any (Month/Day/ | ate, Tr | 4. Transaction Code (Instr. 8) | | | | 6. Date Ex Expiration (Month/Da | Date | of Securities | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | ode | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Nu of | nount mber ares | | | | | | |
| Option (Right to Buy) | \$4.84 | 05/28/2020 | | | A | | 25,000 | | (1) | C | 5/27/2027 | Commo Stock | 25 | 5,000 | (2) | 25,000 |) | D | | |

Explanation of Responses:

- 1. This option vests fully on May 28, 2021, on the one year anniversary of the grant date.
- 2. Not applicable.

Remarks:

Natale S. Ricciardi, Ph.D., by

05/29/2020 /s/ Michael Ostrach, Attorney-

in-Fact

** 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.