| SEC Form 4 | |
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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. <i>See</i> Instruction 1(b). |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPF | ROVAL |
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|--------------------------|-----|
| Estimated average burden | |

| 1. Name and Address of Reporting Person [*] CARSON DENNIS | | | 2. Issuer Name and Ticker or Trading Symbol <u>DYNAVAX TECHNOLOGIES CORP</u> | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------|----------|---|--|--|-----------------------|--|--|--|
| | | | DVAX] | X | Director | 10% Owner | | | |
| (Last) (First) (Middle) | | (Middle) | | | Officer (give title below) | Other (specify below) | | | |
| (Last) (First) (Middle) C/O DYNAVAX TECHNOLOGIES 2929 SEVENTH STREET, SUITE 100 | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2015 | | | , | | | |
| | | | _ 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | lividual or Joint/Group Filing (Check Applicable | | | | |
| (Street) | C A | 04710 | | X | Form filed by One Re | porting Person | | | |
| BERKELEY CA 94710 | | 94710 | - | | Form filed by More the Person | an One Reporting | | | |
| (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|-----------------------------|---|--------|---------------|-------|---|---------------------------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (11311.4) |
| Common Stock | | | | | | | | 6,8 12 ⁽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) | 4. Transa Code (8) | | of E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------|-----|--|--------------------|--|--|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Option (Right to Buy) | \$22.36 | 05/27/2015 | | A | | 7,500 | | (2) | 05/26/2025 | Common Stock | 7,500 | (3) | 7,500 | 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 vests fully on May 27, 2016, on the one year anniversary of the grant date.

Not applicable.

Remarks:

Dennis Carson, M.D., by /s/ Michael Ostrach, Attorney-in 0 Fact

05/27/2015

** 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.