

DYNAVAX TECHNOLOGIES CORP  
 Form 3  
 July 11, 2013

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â Janssen Robert  
 (Last) (First) (Middle)

2. Date of Event Requiring Statement

(Month/Day/Year)  
 07/09/2013

3. Issuer Name and Ticker or Trading Symbol

DYNAVAX TECHNOLOGIES CORP [DVAX]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

Director  10% Owner  
 Officer  Other  
 (give title below) (specify below)  
 Chief Medical Officer and VP

C/O DYNAVAX  
 TECHNOLOGIES,Â 2929  
 SEVENTH STREET, SUITE 100  
 (Street)

BERKELEY,Â CAÂ 94710

(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)

Common Stock

2. Amount of Securities Beneficially Owned (Instr. 4)

25,481

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

D Â

4. Nature of Indirect Beneficial Ownership (Instr. 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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 control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)

2. Date Exercisable and Expiration Date (Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. Conversion or Exercise Price of Derivative

5. Ownership Form of Derivative Security:

6. Nature of Indirect Beneficial Ownership (Instr. 5)

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Option (Right to Buy)	Â (1)	04/06/2020	Common Stock	60,000	\$ 1.36	D	Â
Option (Right to Buy)	Â (2)	01/05/2021	Common Stock	22,500	\$ 3.14	D	Â
Option (Right to Buy)	Â (3)	01/31/2022	Common Stock	25,000	\$ 3.68	D	Â
Option (Right to Buy)	Â (3)	10/30/2022	Common Stock	150,000	\$ 4.14	D	Â
Restricted Stock Unit	Â (4)	03/08/2022	Common Stock	20,000	\$ 4.22	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Janssen Robert C/O DYNAVAX TECHNOLOGIES 2929 SEVENTH STREET, SUITE 100 BERKELEY, CA 94710	Â	Â	Â Chief Medical Officer and VP	Â

## Signatures

Robert Janssen, M.D., by /s/ Jennifer Lew,  
Attorney-in Fact

07/11/2013

\*\*Signature of Reporting Person

Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(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).

(1) This option grant vests in equal annual installments over four years on the anniversary of the grant date.

This option grant shall vest over three (3) years with one third (1/3) of the Shares subject to the Option vesting twelve months after the

(2) Vesting Commencement Date, and one thirty-sixth (1/36) of the Shares subject to the Option vesting on the last day of each month thereafter.

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

(3) 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.

(4) These restricted stock units shall vest upon achievement of certain performance conditions.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.