

Must be
Postmarked
No Later Than
January 21, 2017

In re Dynavax Technologies Corp. Sec. Litig.
c/o GCG
P.O. Box 10196
Dublin, OH 43017-3196
1-855-907-3230
www.DynavaxSecuritiesLitigation.com

DVX



ID Number:

Control Number:

PROOF OF CLAIM AND RELEASE FORM

TO BE ELIGIBLE TO RECEIVE A DISTRIBUTION FROM THE SETTLEMENT FUND CREATED IN THIS ACTION, YOU MUST MAIL YOUR COMPLETED AND SIGNED CLAIM FORM TO THE CLAIMS ADMINISTRATOR POSTMARKED **ON OR BEFORE JANUARY 21, 2017** TO THE ADDRESS SET FORTH AT THE TOP OF THIS PAGE.

FAILURE TO SUBMIT YOUR CLAIM FORM BY THE DATE SPECIFIED WILL SUBJECT YOUR CLAIM TO REJECTION AND MAY PRECLUDE YOU FROM BEING ELIGIBLE TO RECOVER ANY MONEY IN CONNECTION WITH THE SETTLEMENT.

DO NOT MAIL OR DELIVER YOUR CLAIM FORM TO THE COURT, THE PARTIES TO THIS ACTION, OR THEIR COUNSEL. SUBMIT YOUR CLAIM FORM ONLY TO THE CLAIMS ADMINISTRATOR AT THE ADDRESS SET FORTH ABOVE.

TABLE OF CONTENTS

PAGE #

PART I - CLAIMANT IDENTIFICATION	2
PART II - GENERAL INSTRUCTIONS	3
PART III - SCHEDULE OF TRANSACTIONS DYNVAVX COMMON STOCK	4
PART IV - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGEMENTS	5
PART V - RELEASE OF CLAIMS AND SIGNATURE	6
REMINDER CHECKLIST	7

Important - This form should be completed **IN CAPITAL LETTERS** using **BLACK** or **DARK BLUE** ballpoint/fountain pen. Characters and marks used should be similar in the style to the following:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 0



PART I - CLAIMANT IDENTIFICATION

Claimant or Representative Contact Information:

The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above.

Claimant Name(s) (as you would like the name(s) to appear on the check, if eligible for payment):

Street Address:

City: **Last 4 digits of Claimant SSN/TIN:¹**

--	--

Account Number:

--	--	--	--

State: **Zip Code:** **Country (if Other than U.S.):**

--	--	--	--	--	--	--	--

Name of the Person you would like the Claims Administrator to Contact Regarding This Claim (if different from the Claimant Name(s) listed above):

--	--	--	--

Daytime Telephone Number:

Evening Telephone Number:

	-		-			
--	---	--	---	--	--	--

	-		-			
--	---	--	---	--	--	--

Email Address (Email address is not required, but if you provide it you authorize the Claims Administrator to use it in providing you with information relevant to this claim.)

--	--	--	--

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. To obtain the mandatory electronic filing requirements and file layout, you may visit the Settlement website at www.DynavaxSecuritiesLitigation.com or you may email the Claims Administrator's electronic filing department at eClaim@gardencitygroup.com. Any file not in accordance with the required electronic filing format will be subject to rejection. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues an email after processing your file with your claim numbers and respective account information. **Do not assume that your file has been received or processed until you receive this email. If you do not receive such an email within 10 days of your submission, you should contact the electronic filing department at eClaim@gardencitygroup.com to inquire about your file and confirm it was received and acceptable.**

To view Garden City Group, LLC's Privacy Notice, please visit <http://www.gardencitygroup.com/privacy>

¹The last four digits of the taxpayer identification number (TIN), consisting of a valid Social Security Number (SSN) for individuals or Employer Identification Number (EIN) for business entities, trusts, estates, etc., and telephone number of the beneficial owner(s) may be used in verifying this claim.



PART II - GENERAL INSTRUCTIONS

To recover as a Class Member based on your claims in the action entitled *In re Dynavax Securities Litigation*, No. 3:13-CV-2796-CRB, you must complete and sign this Proof of Claim and Release Form.

If you fail to submit a timely and properly addressed Proof of Claim and Release Form, your claims may be rejected and you may not receive any recovery from the Settlement Fund created in connection with the proposed Settlement. Submission of this Proof of Claim and Release Form, however, does not assure that you will share in proceeds of the settlement of the Action.

YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM AND RELEASE FORM POSTMARKED ON OR BEFORE JANUARY 21, 2017, ADDRESSED AS FOLLOWS:

In re Dynavax Technologies Corp. Sec. Litig.
c/o GCG
P.O. Box 10196
Dublin, OH 43017-3196

If you are NOT a Class Member (as defined in the Notice of Pendency and Settlement of Class Action ("Settlement Notice")), DO NOT submit a Proof of Claim and Release Form. Also, NOTE THAT CLAIMS CALCULATING TO AN AWARD LESS THAN \$10.00 WILL **NOT** BE PAID.

If you are a Class Member and you do not timely request exclusion in connection with the proposed Settlement, you will be bound by the terms of any judgment entered in the Action, including the releases provided therein, WHETHER OR NOT YOU SUBMIT A PROOF OF CLAIM AND RELEASE FORM.

CLAIMANT IDENTIFICATION

If you purchased or otherwise acquired Dynavax Technologies Corporation ("Dynavax") common stock, you are the beneficial purchaser as well as the record purchaser. If however, you purchased or otherwise acquired Dynavax common stock that were registered in the name of a third party, such as a nominee or brokerage firm, you are the beneficial purchaser and the third party is the record purchaser.

THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR ACQUIRER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OR ACQUIRER(S) OF THE DYNAVAX COMMON STOCK UPON WHICH THIS CLAIM IS BASED.

All joint purchasers must sign this claim. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

CLAIM FORM

Use Part III of the form entitled "Schedule of Transactions in Dynavax Common Stock" to supply **all** required details of your transaction(s) in Dynavax common stock. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

On the schedules, provide all of the requested information with respect to all of your purchases or acquisitions of Dynavax common stock which took place at any time from April 26, 2012 to September 6, 2013, both dates inclusive, all of your sales of Dynavax common stock which took place at any time from April 26, 2012 to September 6, 2013, both dates inclusive.

List each transaction separately and in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

Copies of broker confirmations or other documentation of your transactions in Dynavax common stock should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.


PART III - SCHEDULE OF TRANSACTIONS IN DYNAVAX COMMON STOCK

A. BEGINNING HOLDINGS: Number of shares of Dynavax common stock held at the close of trading on **April 25, 2012**. If none, write "zero" or "0." (Must be documented.)

--	--	--	--	--	--

Shares

B. PURCHASES/ACQUISITIONS: Purchases or Acquisitions of Dynavax common stock from **April 26, 2012** through **September 6, 2013**, inclusive. (Must be documented.)²

Trade Date(s) of Purchase(s)/Acquisition(s) (List Chronologically) (Month/Day/Year)	Number of Shares Purchased/Acquired	Purchase/Acquisition Price Per Share	Total Purchase/Acquisition Price (excluding taxes, commissions, and fees)
/ /			
/ /			
/ /			
/ /			

C. SALES: Sales of Dynavax common stock from **April 26, 2012** through **September 6, 2013**, inclusive. (Must be documented.)

Date(s) of Sale(s) (List Chronologically) (Month/Day /Year)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions, and fees)
/ /			
/ /			
/ /			
/ /			

D. ENDING HOLDINGS: Number of shares of Dynavax common stock held at the close of trading on **September 6, 2013**. (Must be documented.) If none, write "zero" or "0."

--	--	--	--	--	--

Shares

NOTE THAT CLAIMS CALCULATING TO AN AWARD AMOUNT LESS THAN \$10.00 WILL **NOT** BE PAID.

² **Please note:** Information requested with respect to your purchases/acquisitions of Dynavax common stock from after the close of trading on June 10, 2013 through and including the close of trading on September 6, 2013 is needed in order to balance your claim; purchases/acquisitions during this period, however, are not eligible under the Settlement and will not be used for purposes of calculating your Recognized Claim pursuant to the Plan of Allocation.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE AND CHECK THIS BOX
IF YOU DO NOT CHECK THIS BOX THESE ADDITIONAL PAGES WILL NOT BE REVIEWED



PART IV - SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGEMENTS

I (We) submit this Proof of Claim and Release Form under the terms of the Stipulations described in the Settlement Notice. I (We) also submit to the jurisdiction of the United States District Court for the Northern District of California with respect to my (our) claim as a Class Member and for purposes of enforcing the releases set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim if requested to do so. I (We) have not submitted any other claim covering the same purchases, acquisitions, or sales of Dynavax common stock during the Class Period and know of no other person having done so on my (our) behalf.

PART V - RELEASE OF CLAIMS AND SIGNATURE

I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge from the Settled Claims each and all of the "Defendant Releasees," defined as (1) Defendants, (2) Defendants' Counsel, (3) with regard to Dynavax, all past or present agents, officers, directors, attorneys, accountants, auditors, investment bankers, commercial bankers, underwriters, financial or investment advisors, or other advisors, insurers, co-insurers, reinsurers, partners, limited partners, controlling shareholders, joint venturers, co-developers, co-promoters; related or affiliated entities, advisors, employees, affiliates, predecessors, successors, parents, subsidiaries, and assigns for Dynavax and all such Persons of any entity in which Dynavax has a controlling interest; (4) with regard to Dino Dina, J. Tyler Martin and Mark Kessel, each individual's spouses, marital communities, immediate family members, heirs, executors, personal representatives, estates, administrators, trusts, predecessors, successors, and assigns or other individual or entity in which either Mr. Dino, Mr. Martin or Mr. Kessel has a controlling interest, and each and all of their respective past or present officers, directors, employees, agents, affiliates, parents, subsidiaries, divisions, attorneys, accountants, auditors, advisors, insurers, co-insurers, re-insurers, heirs, executors, personal representatives, estates, administrators, trusts, predecessors, successors, and assigns; and each of Mr. Dino, Mr. Martin or Mr. Kessel's present and former attorneys, legal representatives, insurers, and assigns in connection with the Action; and (5) with regard to Symphony all past or present agents, officers, directors, attorneys, accountants, auditors, investment bankers, commercial bankers, underwriters, financial or investment advisors, or other advisors, insurers, co-insurers, reinsurers, partners, limited partners, controlling shareholders, joint venturers, codevelopers, co-promoters; related or affiliated entities, advisors, employees, affiliates, predecessors, successors, parents, subsidiaries, and assigns for Symphony and all such Persons of any entity in which Symphony has a controlling interest.

"Settled Claims" means any and all claims, rights, demands, obligations, controversies, debts, damages, losses, causes of action and liabilities of any kind or nature whatsoever (including, but not limited to, any claims for damages, restitution, rescission, interest, attorneys' fees, expert or consulting fees, and any other costs, expenses, or liability whatsoever), whether based on federal, state, local, statutory, or common law or any other law, rule, or regulation, whether fixed or contingent, accrued, or unaccrued, liquidated or unliquidated, at law or in equity, matured or unmatured, or class or individual in nature (including both known and Unknown Claims) against Defendants, based on, arising out of, relating in any way to, or in connection with both (i) the facts, events, transactions, acts, occurrences, statements, representations, misrepresentations, or omissions which were or could have been alleged in the Action, and (ii) the purchase or acquisition of Dynavax common stock during the Class Period.

"Unknown Claims" means any and all Settled Claims which Lead Plaintiff in the Action or any Class Member does not know to exist in his, her, or its favor at the time of the release of Defendants' Releasees, and any Defendants' Claims which Defendants did not know to exist in their favor at the time of the release of the Released Plaintiff Parties, which if known might have affected the decision to enter into the Settlement or the decision not to object to the Settlement. With respect to any and all Settled Claims and Defendants' Claims, the parties stipulate and agree that upon the Effective Date, Lead Plaintiff, Ron Franklin and Defendants shall expressly, and each Class Member shall be deemed to have, and by operation of the Judgment shall have, expressly waived the provisions, rights and benefits of Cal. Civ. Code § 1542, which provides:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

Lead Plaintiff, Ron Franklin and Defendants shall expressly and each of the Class Members shall be deemed to have, and by operation of the Judgment shall have, expressly waived any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable or equivalent to California Civil Code § 1542. Lead Plaintiff, Ron Franklin and Class Members may hereafter discover facts in addition to or different from those which he, she or it now knows or believes to be true with respect to the subject matter of the Settled Claims, but Lead Plaintiff



PART IV - RELEASE OF CLAIMS AND SIGNATURE (CONTINUED)

and Ron Franklin shall expressly, fully, finally and forever settle and release, and each Class Member, upon the Effective Date, shall be deemed to have, and by operation of the Judgment shall have, fully, finally, and forever settled and released, any and all Settled Claims, known or unknown, suspected or unsuspected, contingent or non-contingent, whether or not concealed or hidden, which now exist, or heretofore have existed, or coming into existence in the future, including, but not limited to, conduct which is negligent, intentional, with or without malice, or a breach of any duty, law or rule, without regard to the subsequent discovery or existence of such different or additional facts. Lead Plaintiff, Ron Franklin and Defendants acknowledge, and other Class Members by operation of law shall be deemed to have acknowledged, that the inclusion of "Unknown Claims" in the definition of Settled Claims and Defendants' Claims was separately bargained for and was a key element of this Settlement.

This release shall be of no force or effect unless and until the Court approves the Settlement and the Stipulation becomes effective.

I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any rights or claims released pursuant to this release or any other part or portion thereof.

I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in Dynavax common stock which are the subject of this claim, and which occurred during the Class Period.

I declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Proof of Claim and Release Form by the undersigned is true and correct.

Executed this _____ day of _____ in _____
(Month/Year)

Signature of Claimant

Print Name of Claimant

Date

Signature of Joint Claimant, if any

Print Name of Joint Claimant, if any

Date

If Claimant is other than an individual, or is not the person completing this form, the following also must be provided:

Signature of Person Completing Form

Print Name of Person Completing Form

Date

Capacity of person signing on behalf of claimant, if other than an individual, e.g., executor, president, trustee, custodian, etc.

**REMINDER CHECKLIST**

1. Please sign the above release and certification. If this Claim Form is being made on behalf of joint claimants, then both must sign.
2. Remember to attach only copies of acceptable supporting documentation as these documents will not be returned to you.
3. Please do not highlight any portion of the Claim Form or any supporting documents.
4. Keep copies of the completed Claim Form and documentation for your own records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgement postcard. **If you do not receive an acknowledgment postcard within 60 days, please contact the Claims Administrator toll free at 1-855-907-3230.**
6. If your address changes in the future, or if this Claim Form was sent to an old or incorrect address, please send the Claims Administrator written notification of your new address. If you change your name, please inform the Claims Administrator.
7. If you have any questions or concerns regarding your claim, please contact the Claims Administrator at the above address, by phone toll-free at **1-855-907-3230**, or visit the website for the Settlement **www.DynavaxSecuritiesLitigation.com**. Please **DO NOT** call any other Defendants or their counsel with questions regarding your claim.

THIS CLAIM FORM MUST BE MAILED TO THE CLAIMS ADMINISTRATOR BY PREPAID, FIRST-CLASS MAIL, **POSTMARKED NO LATER THAN JANUARY 21, 2017**, ADDRESSED AS FOLLOWS:

In re Dynavax Technologies Corp. Sec. Litig.

c/o GCG

P.O. Box 10196

Dublin, OH 43017-3196