

Immune Design Corp.
Form 3
July 23, 2014

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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Paya Carlos V		(Month/Day/Year)	Immune Design Corp. [IMDZ]	
(Last)	(First)	(Middle)	07/23/2014	
C/O IMMUNE DESIGN CORP., Â 1616 EASTLAKE AVE. E., SUITE 310			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	
SEATTLE, Â WA Â 98102		<input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) President and CEO		6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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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 Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		or Indirect (I) (Instr. 5)	
Employee Stock Option (right to buy)	Â (1)	06/16/2021	Common Stock	195,289	\$ 1.31	D	Â
Employee Stock Option (right to buy)	Â (2)	12/08/2021	Common Stock	67,277	\$ 1.31	D	Â
Employee Stock Option (right to buy)	Â (3)	02/07/2023	Common Stock	61,161	\$ 1.48	D	Â
Employee Stock Option (right to buy)	Â (4)	12/19/2023	Common Stock	244,648	\$ 1.23	D	Â
Employee Stock Option (right to buy)	Â (5)	06/23/2024	Common Stock	79,510	\$ 8.92	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Paya Carlos V C/O IMMUNE DESIGN CORP. 1616 EASTLAKE AVE. E., SUITE 310 SEATTLE, WA 98102	Â X	Â	Â President and CEO	Â

Signatures

/s/ Laura A. Berezin,
Attorney-in-Fact

07/23/2014

__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) One quarter of the shares underlying the option vested on May 1, 2012, and the remainder of the shares vest at a rate of 1/36th per month thereafter.
 - (2) One quarter of the shares underlying the option vested on December 8, 2012, and the remainder of the shares vest at a rate of 1/36th per month thereafter.
 - (3) One quarter of the shares underlying the option vested on January 1, 2014, and the remainder of the shares vest at a rate of 1/36th per month thereafter.
 - (4) One quarter of the shares underlying the option will vest on December 19, 2014, and the remainder of the shares vest at a rate of 1/36th per month thereafter.
 - (5) One quarter of the shares underlying the option will vest on June 23, 2015, and the remainder of the shares vest at a rate of 1/36th per month thereafter.

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.