

IMMUNE DESIGN CORP.

Reported by
COLUMN GROUP GP, LP

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 10/30/17 for the Period Ending 10/27/17

Address	1616 EASTLAKE AVE. E SUITE 310 SEATTLE, WA, 98102
Telephone	(206) 682-0645
CIK	0001437786
Symbol	IMDZ
Fiscal Year	12/31

SAN FRANCISCO, CA 94158				
PONOI CAPITAL, LP 1700 OWENS STREET, SUITE 500 SAN FRANCISCO, CA 94158		X		
Ponoi Management, LLC 1700 OWENS STREET, SUITE 500 SAN FRANCISCO, CA 94158		X		
GOEDDEL DAVID V 1700 OWENS STREET, SUITE 500 SAN FRANCISCO, CA 94158		X		
Kutzkey Tim 1700 OWENS STREET, SUITE 500 SAN FRANCISCO, CA 94158		X		

Signatures

THE COLUMN GROUP, LP, /s/ Peter Svennilson, Name: Peter Svennilson, Managing Partner **10/30/2017**

—Signature of Reporting Person

Date

THE COLUMN GROUP GP, LP, /s/ Peter Svennilson, Name: Peter Svennilson, Managing Partner **10/30/2017**

—Signature of Reporting Person

Date

THE COLUMN GROUP II, LP, /s/ Peter Svennilson, Name: Peter Svennilson, Managing Partner **10/30/2017**

—Signature of Reporting Person

Date

THE COLUMN GROUP II GP, LP, /s/ Peter Svennilson, Name: Peter Svennilson, Managing Partner **10/30/2017**

—Signature of Reporting Person

Date

PONOI CAPITAL, LP, /s/ Peter Svennilson, Name: Peter Svennilson, Managing Partner **10/30/2017**

—Signature of Reporting Person

Date

PONOI MANAGEMENT, LLC, /s/ Peter Svennilson, Name: Peter Svennilson, Managing Partner **10/30/2017**

—Signature of Reporting Person

Date

/s/ David V. Goeddel, Name: David V. Goeddel **10/30/2017**

—Signature of Reporting Person

Date

/s/ Tim Kutzkey, Name: Tim Kutzky **10/30/2017**

—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 control number.