

IMMUNE DESIGN CORP.

Reported by
KUTZKEY TIM

FORM 3

(Initial Statement of 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
SIC Code	2834 - Pharmaceutical Preparations
Industry	Biotechnology & Medical Research
Sector	Healthcare
Fiscal Year	12/31

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person * PONOI CAPITAL, LP	2. Date of Event Requiring Statement (MM/DD/YYYY) 10/27/2017	3. Issuer Name and Ticker or Trading Symbol Immune Design Corp. [IMDZ]
(Last) (First) (Middle) 1700 OWENS STREET, SUITE 500	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	
(Street) SAN FRANCISCO, CA 94158	5. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" 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) Common Stock	2. Amount of Securities Beneficially Owned (Instr. 4) 2681000	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) D (1)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 4)	2. Date Exercisable and Expiration Date (MM/DD/YYYY)		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) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

- (1) Reflects the purchase of shares in the follow-on offering of Common Stock of Immune Design Corp. that closed on October 27, 2017. The shares are directly held by Ponoι Capital, LP ("Ponoι LP") and indirectly held by Ponoι Management, LLC ("Ponoι LLC") the general partner of Ponoι LP. Ponoι LLC has voting and dispositive power with respect to the shares. The individual managing partners of Ponoι LLC are Peter Svennilson, David Goeddel and Tim Kutzkey, who may be deemed to have shared voting and dispositive power with respect to the shares. Each individual managing partner disclaims beneficial ownership of the shares, except to the extent of his pecuniary interest in such shares.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
PONOI CAPITAL, LP 1700 OWENS STREET, SUITE 500 SAN FRANCISCO, CA 94158		X		
Ponoι Management, LLC 1700 OWENS STREET, SUITE 500 SAN FRANCISCO, CA 94158		X		
Kutzkey Tim 1700 OWENS STREET, SUITE 500 SAN FRANCISCO, CA 94158		X		

Signatures

PONOI CAPITAL, LP, /s/ Peter Svennilson, Name: Peter Svennilson, Managing Partner

10/30/2017

PONOI MANAGEMENT, LLC, /s/ Peter Svenilson, Name: Peter Svenilson, Managing Partner

******Signature of Reporting Person

10/30/2017

Date

TIM KUTZKEY, /s/ Tim Kutzkey, Name: Tim Kutzkey

******Signature of Reporting Person

10/30/2017

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 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).

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.