

Kutzkey Tim  
 Form 3  
 October 30, 2017

**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 PONOI CAPITAL, LP		(Month/Day/Year)	Immune Design Corp. [IMDZ]	
(Last)	(First)	(Middle)	10/27/2017	
1700 OWENS STREET, SUITE 500		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)		(Check all applicable)		
SAN FRANCISCO,Â CAÂ 94158		<input type="checkbox"/> Director	<input checked="" type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
			(give title below)	(specify below)
				___ Form filed by One Reporting Person
				<input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**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)
Common Stock	2,681,000	D <sup>(1)</sup>	Â

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 Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Title			

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Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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## 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	^	^
Ponoi 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

\_\_Signature of Reporting Person Date

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

\_\_Signature of Reporting Person Date

TIM KUTZKEY, /s/ Tim Kutzkey, Name: Tim Kutzkey 10/30/2017

\_\_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).

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 Ponoi Capital, LP ("Ponoi LP") and indirectly held by Ponoi Management, LLC ("Ponoi LLC") the general partner of Ponoi LP. Ponoi LLC has voting and dispositive power with respect to the shares. The individual managing partners of (1) Ponoi 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.

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.