## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPROVAL       |           |  |  |  |  |  |  |
|--------------------|-----------|--|--|--|--|--|--|
| OMB Number:        | 3235-0287 |  |  |  |  |  |  |
| Estimated average  | burden    |  |  |  |  |  |  |
| nours per response | e 0.5     |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN 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

| (Print or Typ  | e Responses   | s)   |  |  |   |   |  |  |  |  |  |  |  |   |             |
|--|---|--|--|--|---|---|--|--|--|--|--|--|--|---|-------------|
| 1. Name and Address of Reporting Person* KASLOW DAVID C MD |   |  |  | 2. Issuer Name and Ticker or Trading Symbol VICAL INC [VICL] |   |   |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner |  |  |  |  |   |             |
| (Last)   | 5. But  |  |  |  | . Date of Earliest Transaction (Month/Day/Year) 7/01/2003 |   |  |  |  | X Officer (give title below) Other (specify below)  Chief Scientific Officer |  |  |  |   |             |
| (Street)   |   |  | 4. If Amendment, Date Original Filed(Month/Day/Year) |  |   |   |  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |  |  |   |             |
| (City) (State) (Zip) Table I - No                          |   |  |  |  | - Non-  | on-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |  |  |  |  |  |   |             |
| (Instr. 3) Date  |   | 2. Transaction<br>Date<br>(Month/Day/Year) | any  | Deemed cution Date, if                                       | (Instr. 8)  |   | (A) o  | 4. Securities Acquired (A) or Disposed of (I) (Instr. 3, 4 and 5)  |  | Beneficial<br>Reported   | t of Securities<br>lly Owned Following<br>Transaction(s) |  | Form:  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |             |
|  |   |  |  | (Wollul/Da   | iy/ i cai   | Co  | de   | V Amor   | (A) or (D)   | Price  | (Instr. 3 and 4)   |  | (  |   | (Instr. 4)  |
|  |   |  | Table II -   | Derivative   |   |   | quire  | contained<br>the form o  | l in this fo<br>displays a<br>d of, or Be  | orm ar<br>a curre<br>eneficia  | e not requently valid                                    |  | spond unle<br>trol numbe   | ss  | 1474 (9-02) |
| Derivative<br>Security<br>(Instr. 3)                       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |  | action 3A. Deemed Execution Dat Day/Year) any        | 4. 5.  |   | ative ities ared sed  | 6. Date Exercisable and Expiration Date (Month/Day/Year) |  | 7. 7<br>Am<br>Und<br>Sec   | Fitle and count of derlying curities str. 3 and                              | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)      | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4) | Ownersh<br>Form of<br>Derivativ<br>Security:<br>Direct (D<br>or Indirect | Ownership (Instr. 4)                                |             |
|  |   |  |  | Cod  | le V  | (A)   |  | Date<br>Exercisabl   | Expirati<br>Date   | on Tit   | Amount or Number of Shares                               |  |  |   |             |
| Report   | ting O  | wners                                      |  |  |   |   |  |  |  |  |  |  |  |   |             |

| D (1 0 N /                     | Relationships |              |                          |       |  |  |  |
|--------------------------------|---------------|--------------|--------------------------|-------|--|--|--|
| Reporting Owner Name / Address | Director      | 10%<br>Owner | Officer                  | Other |  |  |  |
| KASLOW DAVID C MD              |               |              |                          |       |  |  |  |
|                                |               |              | Chief Scientific Officer |       |  |  |  |
| ,                              |               |              |                          |       |  |  |  |

## **Signatures**

| David C. Kaslow MD              | 07/01/2003 |
|---------------------------------|------------|
| **Signature of Reporting Person | Date       |

# **Explanation of Responses:**

\* 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.

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.