FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

l	OMB APPRO	JVAL					
	OMB Number:	3235-0287					
l	Estimated average burd	len					
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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

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* <u>TAKEYA RYAN K</u>							2. Issuer Name and Ticker or Trading Symbol Celladon Corp [CLDN]									of Reporting Persocable) or		10% Owner			
(Last) 11988 EI	`	rst) REAL, SUITE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/02/2015									Officer (give title below) VP, Manuf			Other (s below) uring	pecify			
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties A	cquired	, Dis	sposed o	f, or Be	neficia	lly O	wned						
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						ar) E	A. Deemed Execution Date, f any Month/Day/Year)		3. Transa Code (4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securition Beneficition Owned F		es Fo ially (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	1	Reported Fransact (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 02/02/2											7,777	A	\$1.1	2	9,209(1)			D			
Common	Stock			02/02	2/2015	5			S ⁽²⁾		7,777	D	\$16.3	5 ⁽³⁾	1,4	32(1)	2 ⁽¹⁾ D				
		٦	Γable II ·								osed of, convertil			y Ow	ned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		n of		6. Date E Expiratio (Month/D	n Date	Amount of		f g Security	Der Sec (Ins	d. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal	ıble	Expiration Date	Title	Amount or Number of Shares	er							
Stock option (right to	\$1.12	02/02/2015			M			7,777	01/27/201	13 ⁽⁴⁾	06/14/2022	Common Stock	7,777	\$	0.00	151,79	5	D			

Explanation of Responses:

- 1. The amount includes shares purchased under Celladon Corporation's employee stock purchase plan prior to the reported transaction.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 plan adopted by the reporting person.
- 3. The price reported in column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.88 to \$17.11 per share, inclusive. The reporting person undertakes to provide to Celladon Corporation, any security holder of Celladon Corporation, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.
- 4. 25% of the shares subject to the option vested and became exercisable on the one year anniversary of January 27, 2012 (the "Vesting Commencement Date"), and 1/48th of the shares vest in equal monthly installments thereafter, over the remaining three years.

Remarks:

/s/ Rebecque J. Laba, Attorney- 02/03/2015 in-Fact

** 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 Number.