FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 2	0549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	houre per reenonce.	0.5								

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

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

								., 51 (11													
1. Name and Address of Reporting Person*  Royer Scott E.					2. Issuer Name <b>and</b> Ticker or Trading Symbol VACCINEX, INC. [ VCNX ]										(Ch	eck all appli Direct	tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner			vner	
	CCINEX, II	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/03/2020									X Officer (give title below) Other (spe below)  Chief Financial Officer							
(Street) ROCHE (City)	treet) OCHESTER NY 14620					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Tra					saction				ie,	3. Transaction Code (Instr.					(A) or	5. Amou Securiti Benefic	unt of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code V		Amount	(A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			, , ,				
Common Stock 09				09/0	3/202	3/2020				M		500	) A		\$3.9	4	4,499		D		
4 Title of	2.	3. Transaction	able II - I ( 3A. Deeme	e.g., p			s, wa	rrant	s, o	ption	s, c	onverti	ible s	ecuri	ties)	Owned	9. Numbe		10.	44 Natura	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	Transa	Transaction Code (Instr.				6. Date Exerc Expiration Da (Month/Day/\			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	B. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	) rcisable		piration te	Title	O N O	umber						
Stock Option (Right to Buy)	\$13.6								(1)	)(2)(3)	02	/21/2028	Comm		5,000		25,000	0	D		
Stock Option (Right to Buy)	\$3.9	09/03/2020			M			500		(2)	03.	/14/2029	Comm		500	\$0	1,500		D		
Stock Option (Right to	\$6.07									(3)	02.	/24/2030	Comn		2,000		2,000	)	D		

## Explanation of Responses:

- 1. This option initially vested in quarterly installments of 1,562.5 shares for each of four quarters beginning on May 21, 2018. The remainder vests in three equal annual installments beginning February 21, 2020.
- 2. This option was granted under the Company's 2018 Omnibus Incentive Plan in a transaction exempt under Rule 16b-3 and, except as otherwise provided in the award notice, vests one-fourth on each of the first four anniversaries of the March 15, 2019 grant date.
- 3. This option was granted under the Company's 2018 Omnibus Incentive Plan in a transaction exempt under Rule 16b-3 and, except as otherwise provided in the award notice, vests one-fourth on each of the first four anniversaries of the February 25, 2020 grant date.

## Remarks:

/s/ Scott E. Royer

\*\* Signature of Reporting Person

09/03/2020

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.