The Securities and Exchange Commission has not necessarily reviewed the information in this filing and has not determined if it is accurate and complete.

The reader should not assume that the information is accurate and complete.

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

Notice of Exempt Offering of Securities

OMB APPROVAL				
OMB Number:	3235- 0076			
Estimated average burden				
hours per response:	4.00			

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names	None	Entity Type
<u>0001205922</u>	VACCINEX	INC	X Corporation
Name of Issuer			Limited Partnership
VACCINEX, INC.			Limited Liability Company
Jurisdiction of			General Partnership
Incorporation/Organization	n		Business Trust
DELAWARE			Other (Specify)
Year of Incorporation/O	rganization		
X Over Five Years Ago	T T \		
Within Last Five Years (Specify	Year)		
Yet to Be Formed			
2. Principal Place of Business and C	Contact Information		
Name of Issu	er		
VACCINEX, INC.			
Street Addres	s 1		Street Address 2
1895 Mount Hope Avenue			
City Sta	te/Province/Country	ZIP/PostalC	Code Phone Number of Issuer
Rochester NEW	YORK	14620	585-271-2700
3. Related Persons			
Last Name	Firs	t Name	Middle Name
Zauderer	Maurice		
Street Address 1	Street .	Address 2	
1895 Mount Hope Avenue			
City	State/Prov	ince/Country	ZIP/PostalCode
Rochester	NEW YORK		14620
Relationship: X Executive Officer	X Director Promote	er	
Clarification of Response (if Necess	sary):		
Last Name	Firs	t Name	Middle Name
Cobourn	Steven		Р.
Street Address 1	Street .	Address 2	
1895 Mount Hope Avenue			
City	State/Prov	ince/Country	ZIP/PostalCode
Rochester	NEW YORK		14620
Relationship: X Executive Officer	Director Promote	r	

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Berlin	Alejandro	М.
Street Address 1 1895 Mount Hope Avenue	Street Address 2	
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name Alan	Middle Name L.
Crane Street Address 1	Street Address 2	L.
1895 Mount Hope Avenue	Street Address 2	
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces		
Last Name	First Name	Middle Name
Frieberg	Jacob	B.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name	Middle Name
Friedberg	Albert	D.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name	Middle Name
Goater	J. Jeffrey	
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer	X Director Promoter	
Clarification of Response (if Neces	sary):	
Last Name	First Name	Middle Name
Manian	Bala	S.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620

Relationship: Executive Officer X Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
Van Strydonck	Gerald	Е.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer 2	K Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Yanni	Barbara	
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: Executive Officer 2	X Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Watkins	Raymond	Е.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: X Executive Officer	Director Promoter	
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Leonard	John	E.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: X Executive Officer		
Clarification of Response (if Necess	ary):	
Last Name	First Name	Middle Name
Smith	Ernest	S.
Street Address 1	Street Address 2	
1895 Mount Hope Avenue		
City	State/Province/Country	ZIP/PostalCode
Rochester	NEW YORK	14620
Relationship: X Executive Officer	Director Promoter	
Clarification of Desperse (if Masses		
Clarification of Response (if Necess	ary).	

4. Industry Group

Agriculture		Health Care	
Banking & Financial Services		X Biotechnology	
Commercial Banking		Health Insurance	
Insurance		Hospitals & Physicians	
Investing		Pharmaceuticals	
Investment Banking Pooled Investment Fund		Other Health Care	
Is the issuer registered as an investment company under the Investment Company Act of 1940?		Manufacturing Real Estate Commercial	
Yes	No	Construction	
Other Banking & Fi	nancial Services	REITS & Finance	
Business Services		Residential	
Energy		Other Real Estate	
Coal Mining			
Electric Utilities			
Energy Conservation	1		
Environmental Servi	ices		
Oil & Gas			
Other Energy			

Retailing Restaurants Technology Computers Telecommunications Other Technology Other Technology Lodging & Conventions Tourism & Travel Services Other Travel

Aggregate Net Asset Value Range

Revenue Range OR Aggregation No Revenues No Aggregate Net Asset Value \$1 - \$1,000,000 \$1 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$25,000,000

 \$25,000,001 \$50,000,001 - \$100,000,000

 \$100,000,000
 Over \$100,000,000

 Over \$100,000,000
 Over \$100,000,000

 X Decline to Disclose
 Decline to Disclose

 Not Applicable
 Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

	Investment Company	Investment Company Act Section 3(c)		
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)	Section 3(c)(9)		
Rule 504 (b)(1)(i) Rule 504 (b)(1)(ii)	Section 3(c)(2)	Section 3(c)(10)		
Rule 504 (b)(1)(iii)	Section 3(c)(3)	Section 3(c)(11)		
Rule 505	Section 3(c)(4)	Section 3(c)(12)		
X Rule 506(b) Rule 506(c)	Section 3(c)(5)	Section 3(c)(13)		
Securities Act Section 4(a)(5)	Section 3(c)(6)	Section 3(c)(14)		
	Section 3(c)(7)			

7. Type of Filing

5. Issuer Size

- X New Notice Date of First Sale 2017-05-31 First Sale Yet to Occur Amendment
- 8. Duration of Offering

Does the Issuer intend this	s offering to last more than one year	r? Yes X No	
9. Type(s) of Securities Of	fered (select all that apply)		
-	er Right to Acquire Another Securi Upon Exercise of Option, Warrant Security		
10. Business Combination	Transaction		
Is this offering being made a merger, acquisition or ex	e in connection with a business con cchange offer?	nbination transaction, such as Yes X No	
Clarification of Response ((if Necessary):		
11. Minimum Investment			
Minimum investment acce	epted from any outside investor \$0	USD	
12. Sales Compensation			
Recipient	F	Recipient CRD Number X None	
(Associated) Broker or De	ealer X None (A	Associated) Broker or Dealer CRD Number X None	2
Stree	t Address 1	Street Address 2	
City	Si	tate/Province/Country	ZIP/Postal Code
City State(s) of Solicitation (see Check "All States" or che	elect all that apply)	tate/Province/Country Foreign/non-US	ZIP/Postal Code
State(s) of Solicitation (se	elect all that apply) All States ck individual States		ZIP/Postal Code
State(s) of Solicitation (see Check "All States" or che	elect all that apply) All States ck individual States	Foreign/non-US	ZIP/Postal Code
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am	elect all that apply) All States ock individual States	Foreign/non-US	ZIP/Postal Code
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am Total Offering Amount	elect all that apply) All States ock individual States nounts \$18,200,000 USD or Indefinite \$6,000,000 USD	Foreign/non-US	Z1P/Postal Code
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am Total Offering Amount Total Amount Sold	elect all that apply) ck individual States hounts \$18,200,000 USD or Indefinite \$6,000,000 USD d \$12,200,000 USD or Indefinite	Foreign/non-US	ZIP/Postal Code
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am Total Offering Amount Total Amount Sold Total Remaining to be Sol	elect all that apply) ck individual States hounts \$18,200,000 USD or Indefinite \$6,000,000 USD d \$12,200,000 USD or Indefinite	Foreign/non-US	Z1P/Postal Code
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am Total Offering Amount Total Amount Sold Total Remaining to be Sol Clarification of Response (14. Investors Select if securities in th investors, and enter the	elect all that apply) All States ck individual States hounts \$18,200,000 USD or Indefinite \$6,000,000 USD d \$12,200,000 USD or Indefinite (if Necessary): e offering have been or may be sole number of such non-accredited inv	Foreign/non-US e e d to persons who do not qualify as accredited restors who already have invested in the offering.	
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am Total Offering Amount Total Amount Sold Total Remaining to be Sol Clarification of Response (14. Investors Select if securities in th investors, and enter the Regardless of whether s	elect all that apply) All States ck individual States nounts \$18,200,000 USD or Indefinite \$6,000,000 USD d \$12,200,000 USD or Indefinite (if Necessary): e offering have been or may be sole number of such non-accredited invise securities in the offering have been	Foreign/non-US e e d to persons who do not qualify as accredited	21P/Postal Code
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am Total Offering Amount Total Amount Sold Total Remaining to be Sol Clarification of Response (14. Investors Select if securities in th investors, and enter the Regardless of whether s	elect all that apply) All States ck individual States hounts \$18,200,000 USD or Indefinite \$6,000,000 USD d \$12,200,000 USD or Indefinite (if Necessary): e offering have been or may be sole number of such non-accredited inv securities in the offering have been ter the total number of investors wi	Foreign/non-US e e d to persons who do not qualify as accredited restors who already have invested in the offering. or may be sold to persons who do not qualify as	21P/Postal Code
State(s) of Solicitation (see Check "All States" or che 13. Offering and Sales Am Total Offering Amount Total Amount Sold Total Remaining to be Sol Clarification of Response (14. Investors Select if securities in the investors, and enter the Regardless of whether sea accredited investors, en 15. Sales Commissions & T Provide separately the amo	elect all that apply) All States ck individual States aounts \$18,200,000 USD or Indefinite \$6,000,000 USD d \$12,200,000 USD or Indefinite (if Necessary): e offering have been or may be sole number of such non-accredited inv securities in the offering have been ter the total number of investors wi Finder's Fees Expenses	Foreign/non-US e e d to persons who do not qualify as accredited restors who already have invested in the offering. or may be sold to persons who do not qualify as ho already have invested in the offering: lers fees expenses, if any. If the amount of an expendence	

Sales Commissions	\$0 USD	Estimate
Finders' Fees	\$0 USD	Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
VACCINEX, INC.	Steven P Cobourn	Steven P Cobourn	CFO	2017-06-30

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.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.