Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

					or	Secti	on 30(h)	of the	Investmer	nt Co	mpany Act	of 1940								
1. Name and Address of Reporting Person*  MANIAN BALA S					2. Issuer Name and Ticker or Trading Symbol VACCINEX, INC. [ VCNX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
IVIAINI	AN DAL	13									-			X	Directo	r		10% Ov	vner	
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/11/2021							Officer below)	(give title		Other (s below)	specify			
C/O VACCINEX, INC.					03/	111/2	021													
1895 MOUNT HOPE AVENUE						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)					1	, , , , , , , , , , , , , , , , , , , ,								Line)						
ROCHE	STER N	Y	14620										X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(Si	tate)	(Zip)												r Gloui					
		Tab	le I - Nor	ı-Deriv	/ativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or Be	nefic	cially	Owned					
Da			2. Trans Date (Month/		ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Dispos Code (Instr. 5)		Disposed	ties Acquir I Of (D) (Ins		4 and Securi Benefi Owned		ies Fe ially (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D) P		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code ( 8)				6. Date Expiration (Month/Da	n Dat	е	7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber						
Stock Option (Right to Buy)	\$7.78								05/15/202	20	(1)	Common Stock	7,7	'18		7,718	3	D		
Stock Option (Right to	\$3.95								05/14/202	21	(2)	Common Stock	15,6	679		15,679	9	D		

\$2.15

- 1. This option expires on May 14, 2029 or five years following retirement or cessation of services, whichever occurs first.
- 2. This option expires on May 12, 2030 or five years following retirement or cessation of services, whichever occurs first.
- 3. This option was granted pursuant to the Company's 2018 Omnibus Incentive Plan in a transaction exempt under Rule 16b-3 and expires on May 9, 2031 or five years following retirement or cessation of services, whichever occurs first.

28,586

05/11/2022

(3)

## Remarks:

Buy) Stock Option

(Right to Buy)

/s/ Scott E. Royer, Attorney-in-Fact for Bala S. Manian

28,586

\$<mark>0</mark>

Commor

Stock

05/12/2021

28,586

D

\*\* 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).

05/11/2021

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.