FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | S IN BENEF | ICIAL O | WNERSH | IΡ |
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| OMB APPROVAL | | | | | | | | |
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| OMB Number: | 3235-02 | | | | | | | |

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| | Check this box if no longer subject to |
|---|--|
| ١ | 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(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* MANIAN BALA S | | | | 2. Issuer Name and Ticker or Trading Symbol VACCINEX, INC. [VCNX] | | | | | | | | (Che | ck all appli Directo | cable) or | g Per | son(s) to Iss | vner | | |
|---|--|--|---|--|--|---|---|-----|---|------------------|-------------------------------------|---|---|----------------------------|---|--|---|-----------|------------------------------------|
| (Last) (First) (Middle) C/O VACCINEX, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2019 | | | | | | | | | | Officer (give title below) | | Other (s below) | specify | | |
| 1895 MOUNT HOPE AVENUE | | | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) ROCHESTER NY 14620 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) (| (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Transaction Disposed Of (Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code | v | Amount | (A) or (D) Pr | | rice | Reporte Transac (Instr. 3 | ction(s) | | | (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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | Amount o Securities Underlyin | | unt of rities rlying ative Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (I or Indire (I) (Instr | Ownership | Beneficial Ownership ct (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | xpiration ate | Title | Amo or Num of Shai | ber | | | | | |
| Stock Option (Right to Buy) | \$7.78 | 05/15/2019 | | | A | | 7,718 | | 05/15/202 | 0 | (1) | Common Stock | 7,7 | 18 | \$0 | 7,718 | | D | |

Explanation of Responses:

1. 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 14, 2029 or five years following retirement or cessation of services, whichever occurs first.

Remarks:

/s/ Scott E. Royer, Attorney-in-05/17/2019 Fact for Bala S. Manian

** 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.