SEC For	m 4 FORM	4		D STA	TES	S SE	CUR		ES AN	1D I	ЕХСНА	NGE C	ОММ	ISSION					
				IITED STATES SECURITIES AND EXCHANGE COMN Washington, D.C. 20549											O			VAL	
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(h) of the Investment Company Act of 1940													OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person* Leonard John E.					2. Issuer Name and Ticker or Trading Symbol 5.									. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O VACCINEX, INC. 1895 MOUNT HOPE AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 04/02/2021								X Officer (give title Other (specify below) below) SVP, Development					
				14620												One Rep	p Filing (Check Applicable ne Reporting Person ore than One Reporting		
(City)	(3	,	(Zip)																
		Tab	le I - No						-	l, Di	· ·	-		ly Owned					
1. Title of Security (Instr. 3)				2. Transa Date (Month/D		r) if a	Deemed ecution Date, ny onth/Day/Year)		Code (	Transaction Dispose Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 an		5. Amount of Securities Beneficially Owned Following Reported		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	Transaction(s) (Instr. 3 and 4)										
Common Stock														2,258		I	D		
Common Stock														1,014		I L C		y John eonard onsulting, LC	
		٦	Table II								posed of converti			/ Owned		1	I		
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Yea			Execution Date, ) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		Amount of		Derivative deriv Security Secu (Instr. 5) Bene Own Follo Repo		ities Form: ficially Direct d or Indi wing (I) (Ins rted action(s)		Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$7.1								(1)		12/22/2025	Common Stock	1,258		23,	150	D		
Stock Option (Right to Buy)	\$7.1								(1)		12/23/2025	Common Stock	3,062		3,0	)62	D		
Stock Option (Right to Buy)	\$3.9								(2)		03/14/2029	Common Stock	1,000		3,0	000	D		
Stock Option (Right to Buy)	\$6.07								(3)		02/24/2030	Common Stock	4,000		4,0	000	D		
Stock Option (Right to Buy)	\$2.93	04/02/2021			A		8,000		(4)		04/02/2031	Common Stock	8,000	\$0	8,0	000	D		

## Explanation of Responses:

1. Exercisable in full as of the date of this report.

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.

4. 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 April 2, 2021 grant date.

**Remarks:** 

## Scott E. Royer, Attorney-in-Fact

04/02/2021

\*\* 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.