Pepinemab – Anti-SEMA4D Antibody for Cancer Immunotherapy and Neurodegenerative Disease

VACCINEX

Unique Targets
Novel Mechanisms
New Medicines

Corporate Presentation

February 2022

VCNX

Forward Looking Statements

To the extent that statements contained in this presentation are not descriptions of historical facts regarding Vaccinex, Inc. ("Vaccinex," "we," "us," or "our"), they are forward-looking statements reflecting management's current beliefs and expectations. Such statements include, but are not limited to, statements about the Company's plans, expectations and objectives with respect to the results and timing of clinical trials of pepinemab in various indications, the use and potential benefits of pepinemab in Huntington's and Alzheimer's disease and other indications, and other statements identified by words such as "may," "will," "appears," "expect," "planned," "anticipate," "estimate," "intend," "hypothesis," "potential," "advance," and similar expressions or their negatives (as well as other words and expressions referencing future events, conditions, or circumstances). Forward-looking statements involve substantial risks and uncertainties that could cause the outcome of the Company's research and pre-clinical development programs, clinical development programs, future results, performance, or achievements to differ significantly from those expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, uncertainties inherent in the execution, cost and completion of preclinical and clinical trials, uncertainties related to regulatory approval, the risks related to the Company's dependence on its lead product candidate pepinemab, the ability to leverage its ActivMAb® platform, the impact of the COVID-19 pandemic, and other matters that could affect the Company's development plans or the commercial potential of its product candidates. Except as required by law, the Company assumes no obligation to update these forward-looking statements. For a further discussion of these and other factors that could cause future results to differ materially from any forward-looking statement, see the section titled "Risk Factors" in the Company's periodic reports filed with the Securities and Exchange Commission ("SEC") and the other risks and uncertainties described in the Company's most recent year end Annual Report on Form 10-K and subsequent filings with the SEC.

NOVEL ANTIBODY THERAPEUTICS TO TARGET UNMET NEEDS

- ✓ **Novel Mechanistic Approach**
  Lead product: Pepinemab
  First in class: Blocks a unique target, Semaphorin 4D
  Humanized IgG4 monoclonal antibody,
- ✓ **Clinical Proof of Concept**
- ✓ **Advanced clinical programs with near-term opportunities for monetization by partnering**

Pepinemab
SEMA4D is activated
in immune and central nervous systems in response to stress/disease

Cancer Immunology

- ❖ Facilitates infiltration of T cells and reduce immunosuppression to potentially overcome immune resistance
- ❖ Data suggest pepinemab may **complement immune checkpoint** therapies **without added toxicity**
- ❖ Completed Phase 2 trial in lung cancer
- ❖ Ongoing Phase 1b/2 trial in head and neck cancer, collaboration with Merck

Neurologic Diseases

- ❖ Targets underlying disease pathology
- ❖ Data suggest ability to repair and restore normal functions
- ❖ **Broad application**
- ❖ Completed Phase 2 trial in Huntington's Disease - *Phase 3-ready asset*
- ❖ Ongoing Phase 1/2a trial in Alzheimer's Disease

PIPELINE and MILESTONES

Research/Preclinical	Phase 1	Phase 2	Phase 3	Partner/Funding	Milestone
Pepinemab Antibody Platform (anti-Semaphorin 4D Mab)					
Oncology					
Pepinemab COMBO with Avelumab in **Non Small Cell Lung Cancer**			CLASSICAL -Lung	Merck, KGaA Darmstadt	Complete, Published 2021
Pepinemab COMBO with Pembrolizumab in **Head and Neck Cancer**			KEYNOTE-B84	Merck, MSD	Ongoing **Next data Q2 2022**
Phase 1b Safety: Complete					
Neurology					
Pepinemab in **Huntington's Disease** (Orphan Drug and Fast Track Designations)			SIGNAL		Complete, **Publish 2022**
Pepinemab in **Alzheimer's Disease**			SIGNAL-AD	alzheimer's association, Alzheimer's Drug Discovery Foundation	Ongoing **Data H1 2023**

All Studies Sponsored by: VACCINEX

PEPINEMAB, IMMUNO-ONCOLOGY

Unique mechanism of action

Neutralizes the SEMA4D barrier at tumor boundary and inhibits immune suppressor cells to facilitate anti-tumor immune cells

Data suggests synergy with immune checkpoint therapy

Well tolerated

Status		Summary
Complete	**Sponsored by:** VACCINEX **Co-funded by:** EMD Serono/Merck KGaA, Darmstadt MERCK	**CLASSICAL-Lung** • Well tolerated • Anti-tumor activity observed in some patients with challenging PD-L1 negative or low tumors • Anti-tumor activity observed in some patients whose cancer was resistant to prior therapy with single-agent checkpoint inhibitors • Increased penetration of cytotoxic T cells following treatment
Phase 1b/2 Non Small Cell Lung Cancer (NSCLC) Data published in Clinical Cancer Research, 2021 Pepinemab Combination with Bavencio ™		
Initiated Q2 2021	**Sponsored by:** VACCINEX **Collaboration with: Merck, MSD** MERCK	**Head and Neck Cancer (Keynote B84)** • RATIONALE: High levels of myeloid derived suppressor cells (MDSC) are induced by SEMA4D and are a source of resistance to immune checkpoint therapy • First line treatment for recurrent or metastatic HNSCC • 18 sites, US, n=62 • Phase 1b: Among 3 patients enrolled, 2 complete responses (CR)
Phase 1b/2 Head and Neck Cancer (R/M HNSCC) Phase 1b complete Phase 2 data expected 2H 2022 Pepinemab Combination with Keytruda ™		

Currently exploring pharma collaboration

PEPINEMAB, NEURODEGENERATIVE DISEASE

Unique mechanism of action

We believe pepinemab has the potential to block chronic glial activation and restore their normal support functions.

Broadly applicable approach

Targets common trigger of reactive inflammation which contributes to & amplifies neurodegeneration

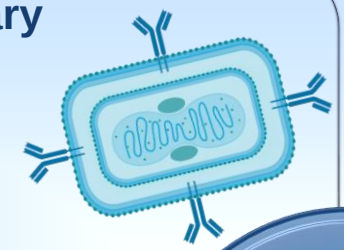
Status		Summary
Complete	**Sponsored by:** VACCINEX Granted Orphan Disease and Fast Track Designation by FDA	**Huntington's Disease (SIGNAL)** • Well tolerated • Co-primary endpoints did not achieve statistical significance (CGIC and family of 2 cognitive assessments) • Improvements observed in cognitive assessments • Observed reduced brain atrophy (vMRI) and restored loss of metabolic activity (FDG-PET) • *Phase 3-ready asset*
Phase 2 Huntington's Disease Double-blind, Placebo-controlled		
Initiated Q2 2021	**Sponsored by:** VACCINEX **Funding by:** alzheimer's association; Alzheimer's Drug Discovery Foundation	**Alzheimer's Disease (SIGNAL-AD)** • Primary endpoint: Safety • Key efficacy assessments: Cognition and metabolic activity (FDG-PET) • 14 sites, US • 40 participants (n=20/treatment arm)
Phase 1/2a Alzheimer's Disease Double-blind, Placebo-controlled Data expected H1 2023		

Currently exploring pharma collaboration

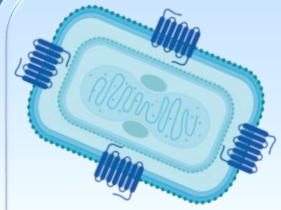
ActivMab Discovery Solutions

Antibody Library

Diverse Antibody Library (10^10) Screened as Human IgG in Mammalian Cells



Antigen Virus



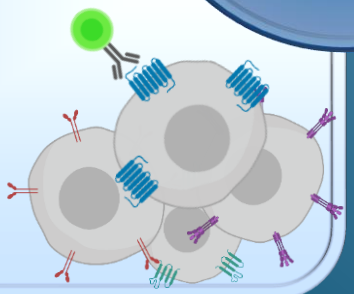
Virions expressing Complex Membrane Proteins for Antibody Discovery

ActivMAb Technology

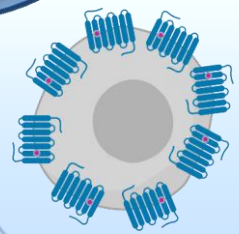
Discovery Solutions

Target Identification

Large cDNA library expressed in Mammalian Cells



Protein Optimization



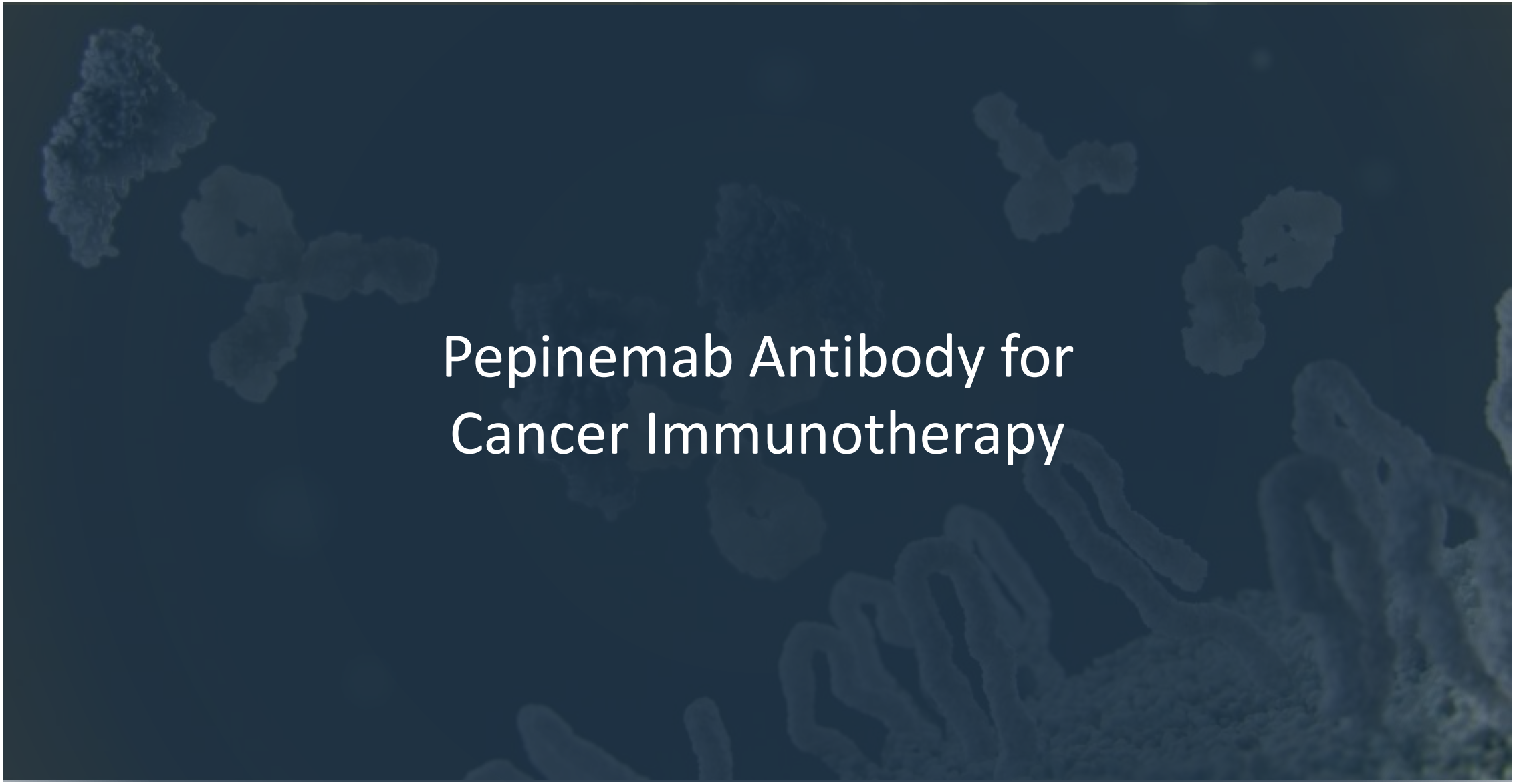
Mammalian expression of mutant libraries to enhance expression

Poxvirus based antibody and protein engineering solutions

Unique capability for selection of high value antibodies against hard-to-target multi-pass membrane receptors
(i.e. GPCRs, ion channels)

Designed as a sustainable engine for value creation through pipeline expansion and strategic collaborations

Active collaborations with two major pharma and multiple biotech partners

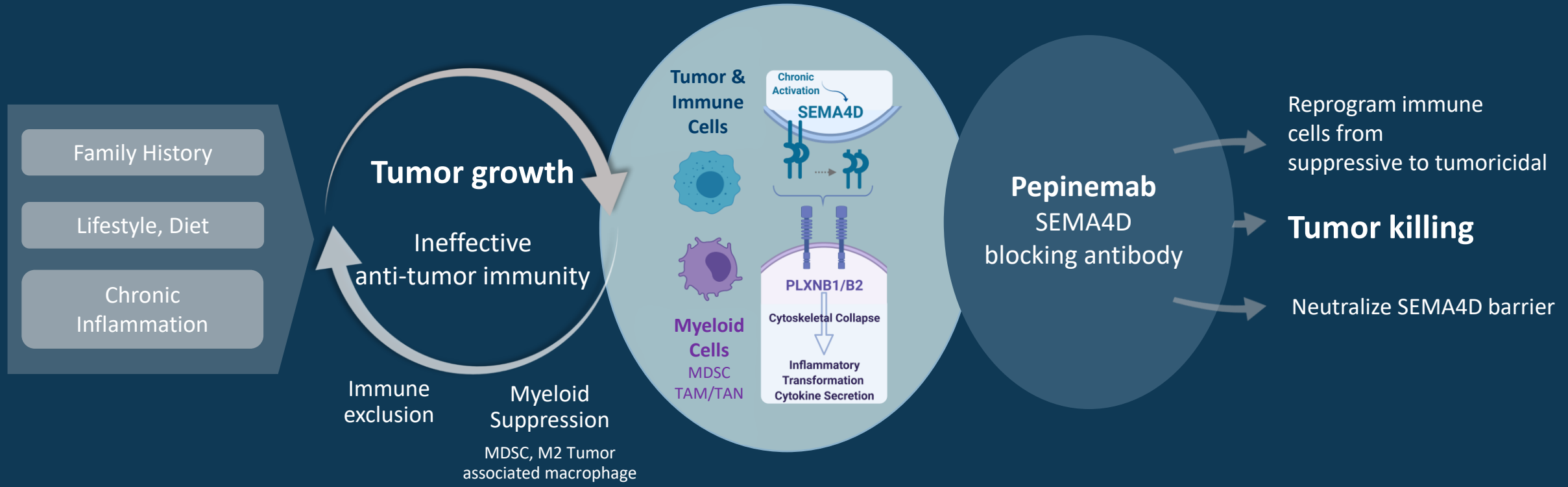


Pepinemab Antibody for Cancer Immunotherapy

■ Unique Targets ■ Novel Mechanisms ■ New Medicines

PROPOSED MECHANISM OF ACTION:

Preclinical and clinical evidence suggests pepinemab may reprogram underlying pathology in cancer

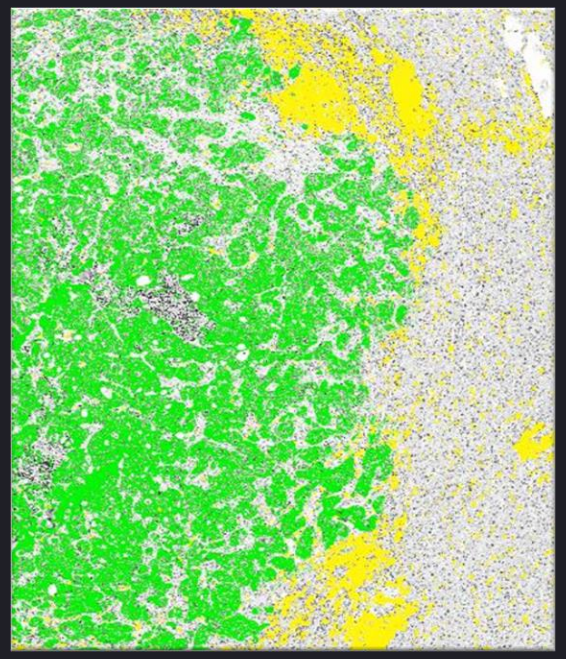


WHY DOES IMMUNE RESPONSE FAIL IN TUMORS?

Immune Exclusion

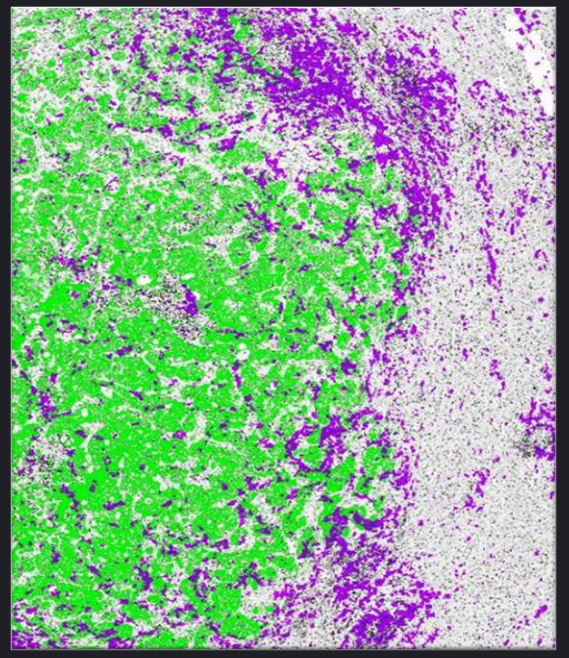
Activated T-cells and dendritic cells can't penetrate tumor

Sema4D is expressed at tumor margin



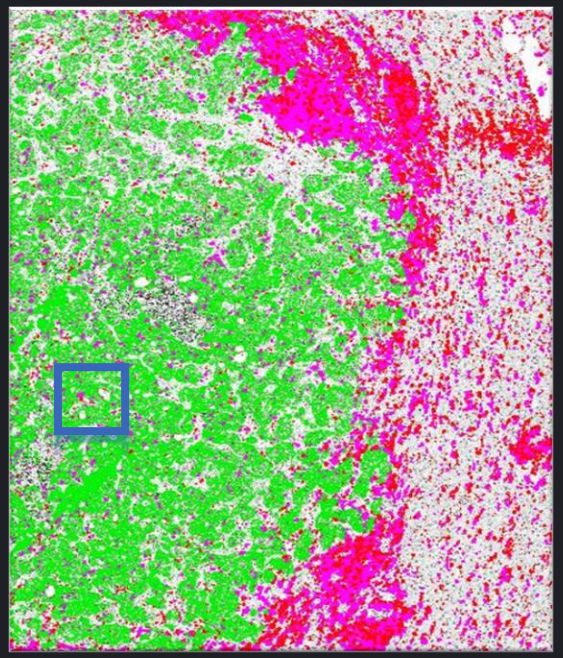
Tumor SEMA4D

Sema4D binds PLXN receptors on DCs and restricts penetration



Tumor Dendritic Cells (CD11c)

T-cells are excluded from tumor



CD8+ CD4+ T Cells

Pro-inflammatory cells are excluded from tumor and build up at the invasive edge

CD8 T cells align with Sema4D at the invasive edge of the tumor. Most of these excluded T-cells express Sema4D. Dendritic Cells express receptors for SEMA4D and are heavily excluded at the invasive edge.

Human metastatic colorectal tumor, in collaboration with Emory University (NCT03373188)

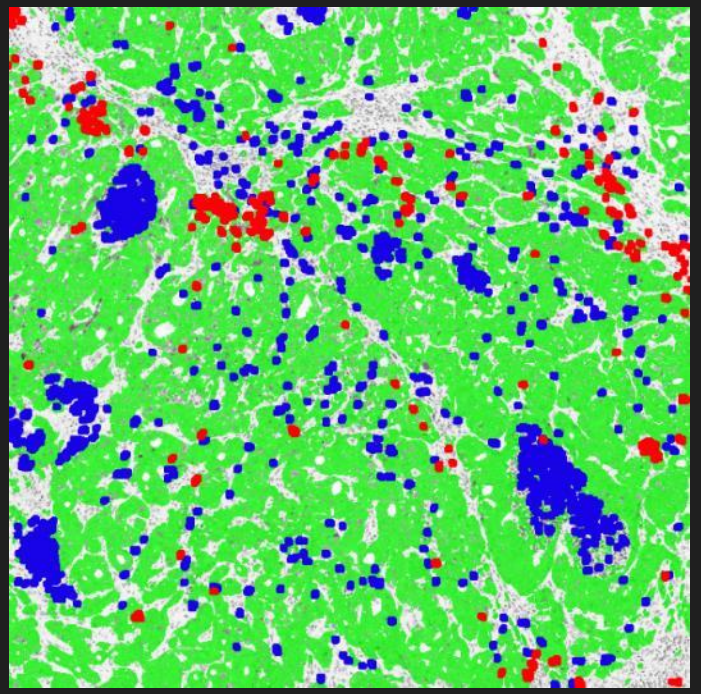
UNIQUE MECHANISM

Pepinemab:

1 ↑ cytotoxic T cells

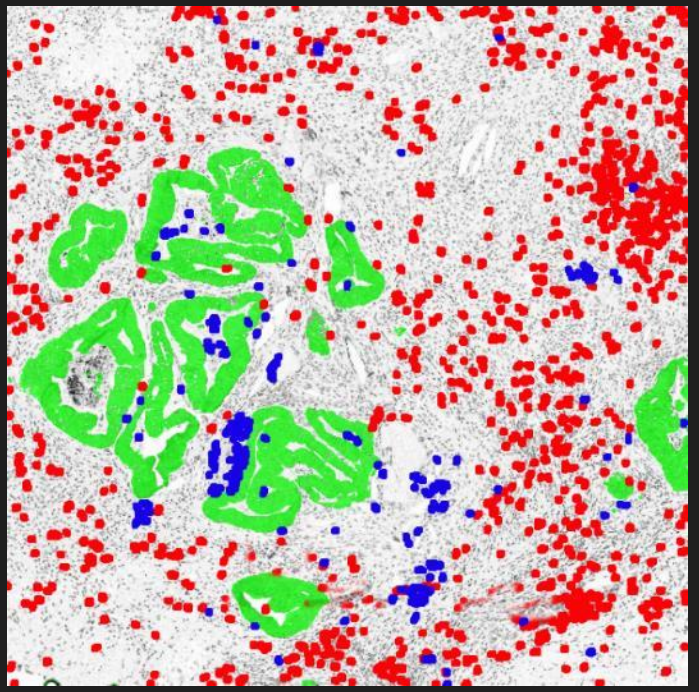
2 ↓ inhibitory suppressor cells

No treatment
Low CD8+ T cells
High Tumor content and MDSC



Myeloid Derived Suppressor Cells (MDSC)

Pepinemab
High CD8+ T cells
Low tumor content and MDSC



Tumor T Cells

Biopsies from patients with metastatic MSS Colorectal Cancer

Human metastatic colorectal tumor, in collaboration with Winship Cancer Institute, Emory University integrated biomarker study (NCT03373188), Wu et al. Ann Surg Oncol. 2021

COMBINATION THERAPY

Preclinical data suggests that pepinemab complements other immunotherapies

Pepinemab
Facilitates T-cell infiltration
Reduces immune suppression

⊕

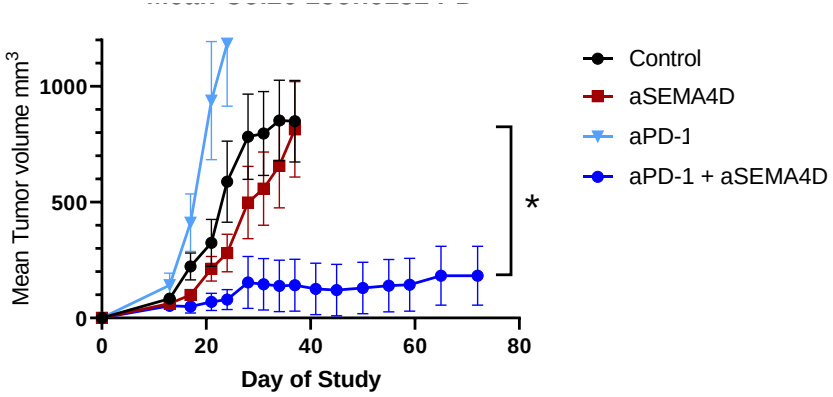
Immune Checkpoint Inhibitors
Sustain T-cell activity

→

Combination therapy to overcome multiple immune resistance mechanisms

Combination therapy: Preclinical Data

Colon26 Mouse Tumor Model



Data suggest that SEMA4D blockade complements other immune-activating therapies, including

- anti-PD-1/L1
- anti-CTLA-4
- anti-LAG3
- anti-TGF-β
- DC vaccine, etc

Research Article — Cancer Immunology Research

Semaphorin4D Inhibition Improves Response to Immune-Checkpoint Blockade via Attenuation of MDSC Recruitment and Function

Paul E. Clavijo[1], Jay Friedman[1], Yvette Robbins[1], Ellen C. Moore[1], Ernest Smith[2], Maurice Zauderer[2], Elizabeth E. Evans[2], and Clint T. Allen[1,3]

Research Article — Cancer Immunology Research

Antibody Blockade of Semaphorin 4D Promotes Immune Infiltration into Tumor and Enhances Response to Other Immunomodulatory Therapies

Elizabeth E. Evans, Alan S. Jonason Jr, Holm Bussler, Sebold Torno, Janaki Veeraraghavan, Christine Reilly, Michael A. Doherty, Jennifer Seils, Laurie A. Winter, Crystal Mallow, Renee Kirk, Alan Howell, Susan Giralico, Maria Scrivens, Katya Klimatcheva, Terrence L. Fisher, William J. Bowers, Mark Paris, Ernest S. Smith, and Maurice Zauderer

CLINICAL POC

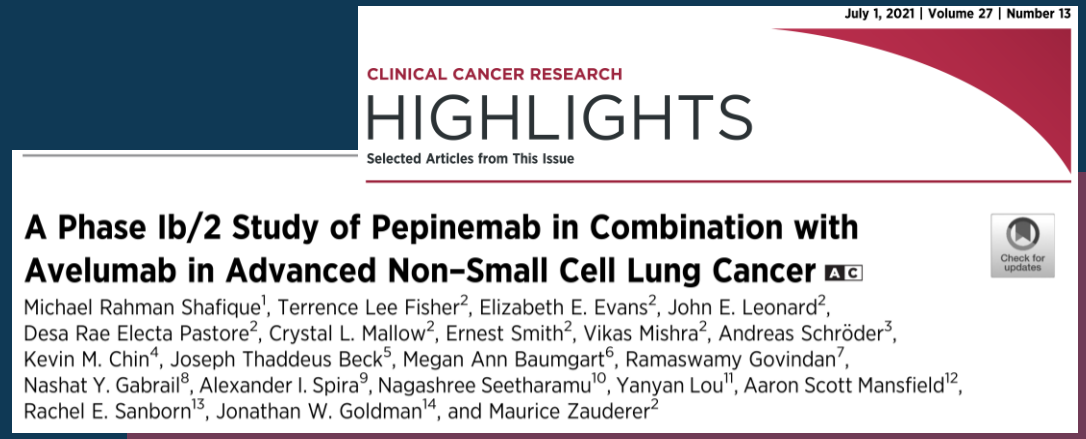
Phase 1b/2 CLASSICAL-Lung

1. **Well tolerated.** Pepinemab does not appear to increase immune-related toxicities of partner drug
2. **Unmet Need:** *PD-L1 low/negative tumors*
   - Reported single agent anti-PDx: **ORR ~10-15%**
   - Combination with pepinemab: **ORR 25-33%**
3. **Unmet Need:** Antitumor activity observed in *immune checkpoint resistant/refractory* tumors

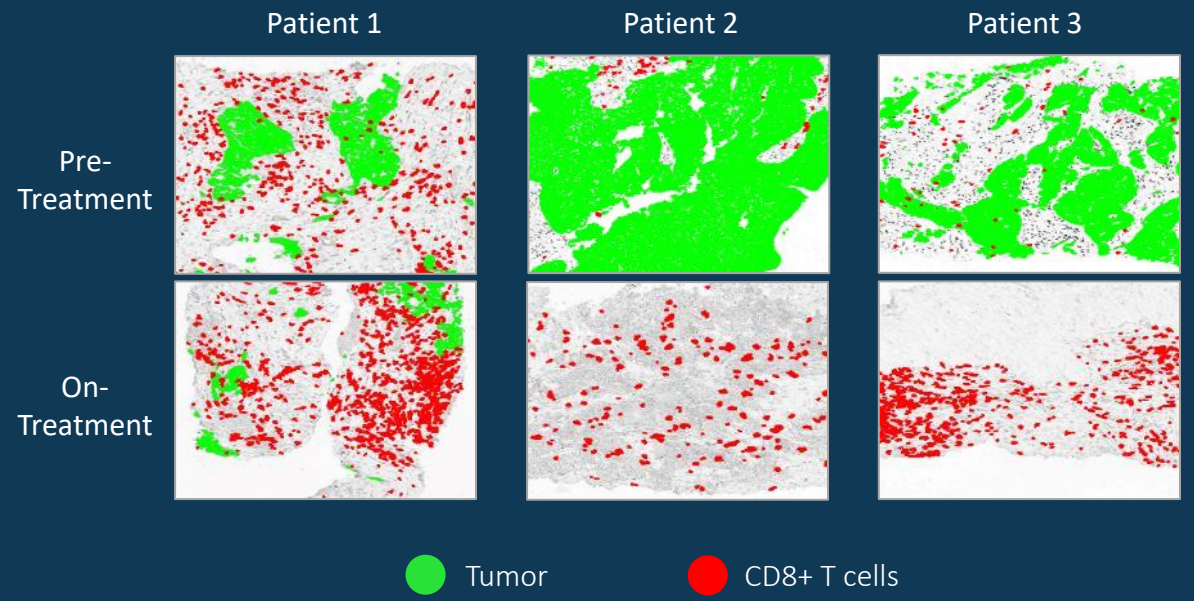
Sponsored by: VACCINEX

Co-funded by: MERCK

NCT03268057



Data suggests increased penetration of cytotoxic T cells.



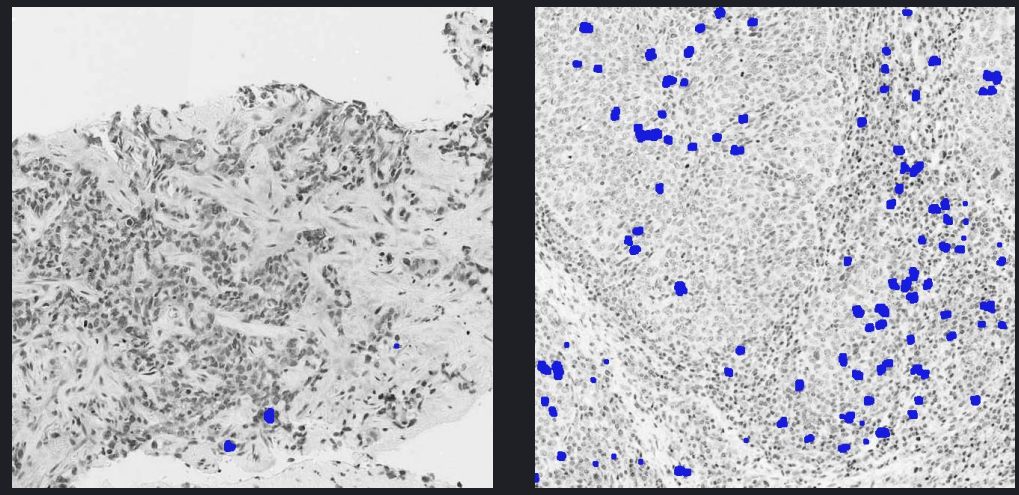
RATIONALE FOR TREATMENT OF HNSCC

Head and Neck cancer (HNSCC)

- Data suggest that SEMA4D is strongly expressed in HNSCC & induces high levels of myeloid derived suppressor cells (MDSC)
- Relatively low (17-19%) response rate to immune checkpoint therapy in HNSCC

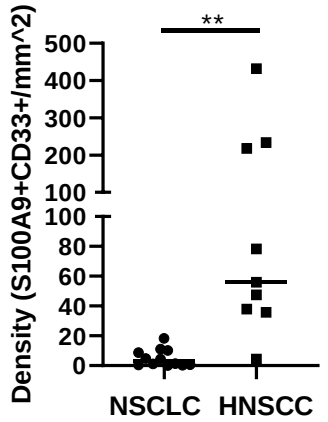
Hypothesis: Inhibiting MDSC with pepinemab may enhance response to pembrolizumab in HNSCC

Myeloid Derived Suppressor Cells (MDSC)



NSCLC HNSCC

MDSC Density NSCLC vs HNSCC



HEAD AND NECK CANCER TRIAL

- All patients receive standard of care Keytruda®, plus pepinemab for first-line treatment
- 18 sites planned, USA
- Open-label, continuous monitoring

- Ph1b Safety: COMPLETE
  - Appeared to be well tolerated
  - RP2D: 20mg/kg pepi and 200mg pembro, Q3W

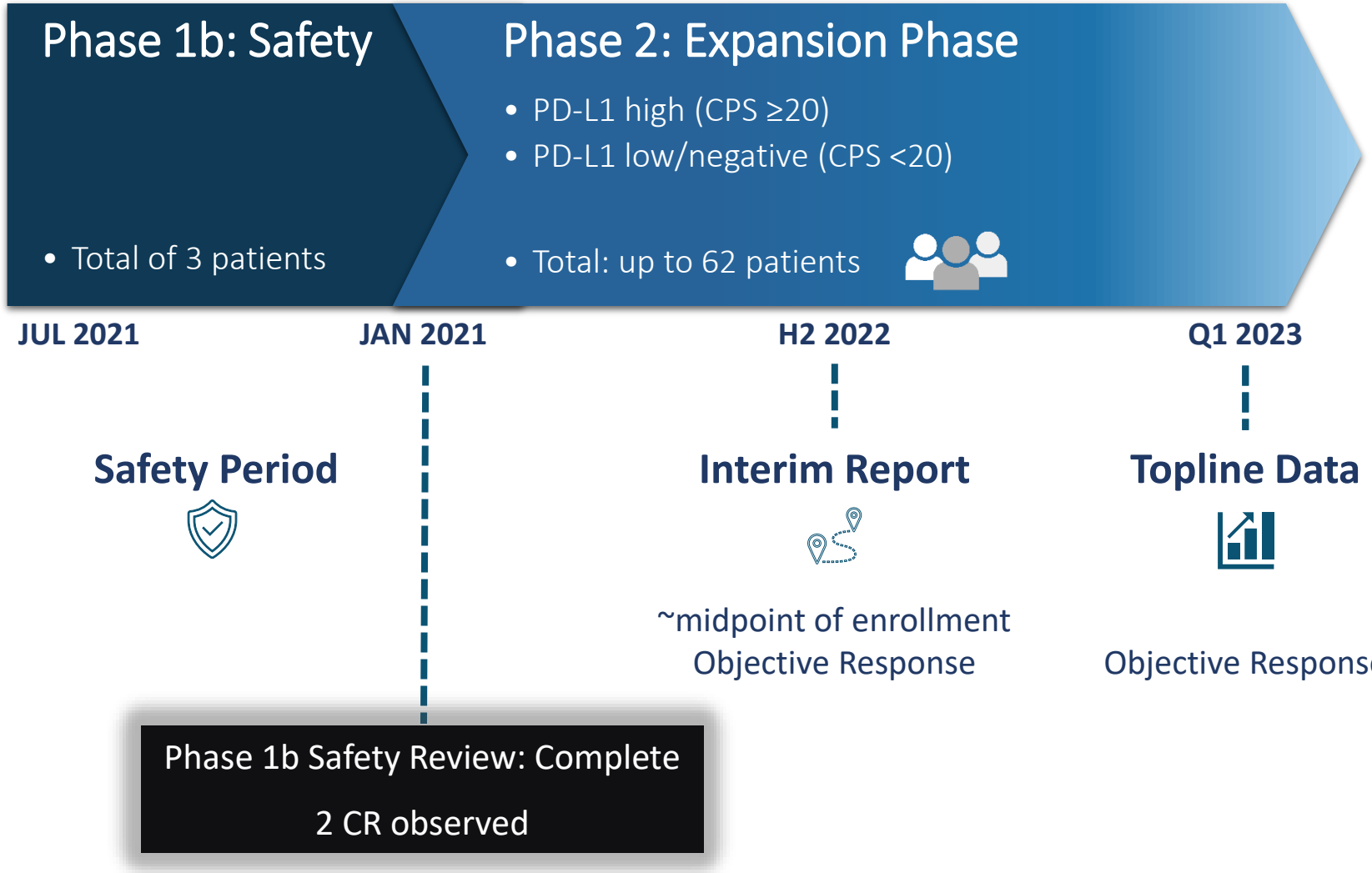
  - Among 3 patients enrolled, 2 experienced complete response (CR)
  - 1 confirmed CR, 1 unconfirmed CR (pending), 1 non-evaluable

- Ph2 Expansion: Accruing

Sponsored by: VACCINEX

Collaboration with: MERCK

KEYNOTE B84: pepinemab + Keytruda® for first-line treatment of recurrent or metastatic head and neck cancer



NCT04815720

KEYNOTE-B84
Case Studies, Phase 1b Safety Cohort

	Biopsy	Scans			Biomarkers	Adverse Events
	week 5	week 9	week 15	week 21		
Case Study # 1: CR (confirmed) *Oropharyngeal cancer* *Target lesions: metastatic lung lesions (Left 11mm, Right 15mm)*	NO malignancy	19% decrease, SD	100% decrease, **CR**	Confirmed, **CR**	PD-L1 CPS<20 HPV negative	*none of notable severity*
Case Study # 2: CR (un-confirmed) *Larynx cancer with direct invasion into thyroid and neck* *Target lesions: neck mass (37mm)*	NO malignancy	100% decrease, **CR**	Confirmatory Scan Pending	Scan Pending	PD-L1 CPS<1 HPV negative	*Grade 1 rash*
Case Study # 3: Non-evaluable *Cancer of the tongue* *Investigator Review: clinical progression withdrew from study at Week 6*	Tumor Present	Non-evaluable			PD-L1 CPS<20 HPV positive	Unrelated (SAE) attributed to a pre-existing co-morbidity (diabetes)

KEYNOTE B-84 Biomarkers

- **PD-L1 low (CPS <20)**
  - historically low response rates to anti-PD-1/L1 antibodies administered as single agents. (1)

- **HPV-negative**
  - HPV-negative HNSCC have high levels of myeloid suppression (2) and tend to be more resistant to anti-PD-1/L1 antibodies.
  - **Preclinical data suggest that SEMA4D induces myeloid derived suppressor cells in HNSCC** (3)**.**

	Biomarkers
Case Study # 1: CR (confirmed) *Oropharyngeal cancer* *Target lesions: metastatic lung lesions (Left 11mm, Right 15mm)*	PD-L1 **CPS<20** HPV **negative**
Case Study # 2: CR (un-confirmed) *Larynx cancer with direct invasion into thyroid and neck* *Target lesions: neck mass (37mm)*	PD-L1 **CPS<1** HPV **negative**
Case Study # 3: Non-evaluable *Cancer of the tongue* *Investigator Review: clinical progression withdrew from study at Week 6*	PD-L1 **CPS<20** HPV **positive**

1. Keynote-048, Lancet 2019, http://dx.doi.org/10.1016/S0140-6736(19)32591-7
2. Cillo et al., 2020, Immunity, https://doi.org/10.1016/j.immuni.2019.11.014
3. Clavijo PE. 2019 CIR. DOI: 10.1158/2326-6066.CIR-18-0156

PEPINEMAB FOR IMMUNO-ONCOLOGY SUMMARY & NEXT STEPS

Mechanism of Action

Preclinical data suggest:
Facilitate infiltration of T cells and dendritic cells

Reduce immunosuppression

Safety and Tolerability

Well tolerated

Does not appear to enhance immune-related toxicities of partner drug

Observed Clinical Activity

Reprogram immune infiltrate in TME

Potential to overcome immune resistance in
PD-L1 negative/low tumors
and ICI resistant/refractory tumors

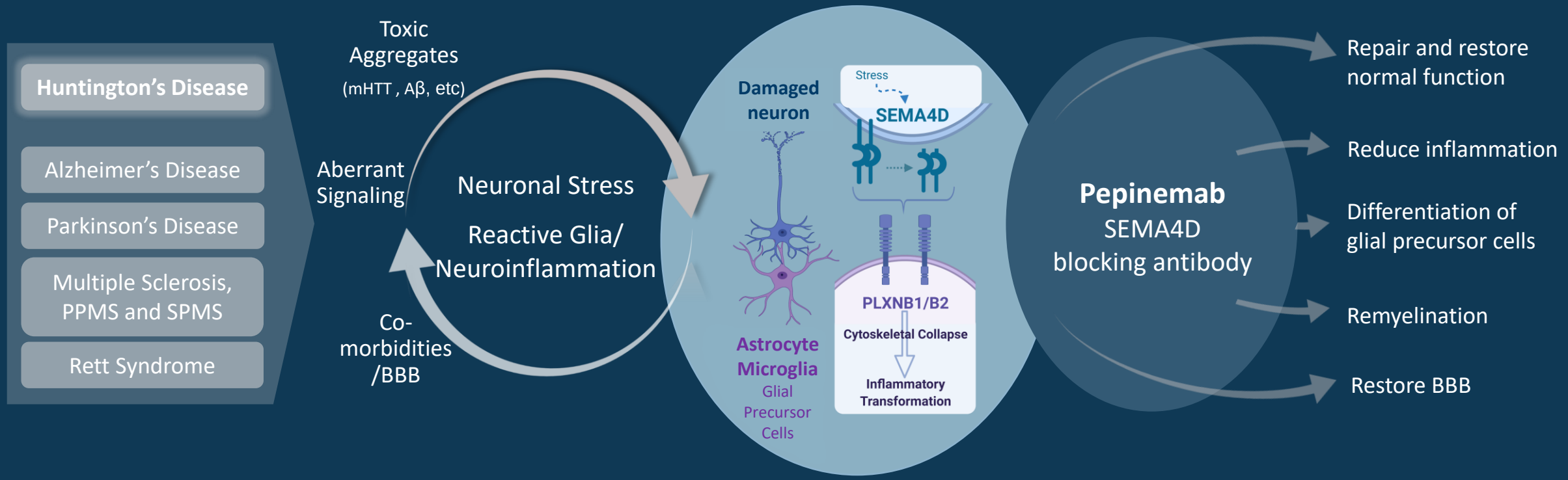
Ongoing Phase 2 trial in R/M HNSCC
Interim analysis H2 2022, Topline data Q1 2023

Pepinemab Antibody for treatment of Neurodegenerative Disease

■ Unique Targets ■ Novel Mechanisms ■ New Medicines

PROPOSED MECHANISM OF ACTION:

Preclinical and clinical evidence suggests pepinemab may reprogram underlying pathology in CNS diseases



Preclinical Neurology Models

SEMA4D antibody blockade improves disease phenotype

Anti-semaphorin 4D immunotherapy ameliorates neuropathology and some cognitive impairment in the YAC128 mouse model of Huntington disease

Amber L. Southwell [a], Sonia Franciosi [a], Erika B. Villanueva [a], Yuanyun Xie [a], Laurie A. Winter [b], Janaki Veeraraghavan [b], Alan Jonason [b], Boguslaw Felczak [a], Weining Zhang [a], Vlad Kovalik [a], Sabine Waltl [a], George Hall [a], Mahmoud A. Pouladi [c,d], Ernest S. Smith [b], William J. Bowers [b], Maurice Zauderer [b], Michael R. Hayden [a,*]

2015 Neurobiology of Disease

SEMA4D compromises blood–brain barrier, activates microglia, and inhibits remyelination in neurodegenerative disease

Ernest S. Smith [a], Alan Jonason [a], Christine Reilly [a], Janaki Veeraraghavan [a], Terrence Fisher [a], Michael Doherty [a], Ekaterina Klimatcheva [a], Crystal Mallow [a], Chad Cornelius [a], John E. Leonard [a], Nicola Marchi [b], Damir Janigro [b], Azeb Tadesse Argaw [c], Trinh Pham [c], Jennifer Seils [a], Holm Bussler [a], Sebold Torno [a], Renee Kirk [a], Alan Howell [a], Elizabeth E. Evans [a], Mark Paris [a], William J. Bowers [a], Gareth John [c], Maurice Zauderer [a,*]

[a] Vaccinex, Inc., Rochester, NY 14620, USA

2014 Neurobiology of Disease

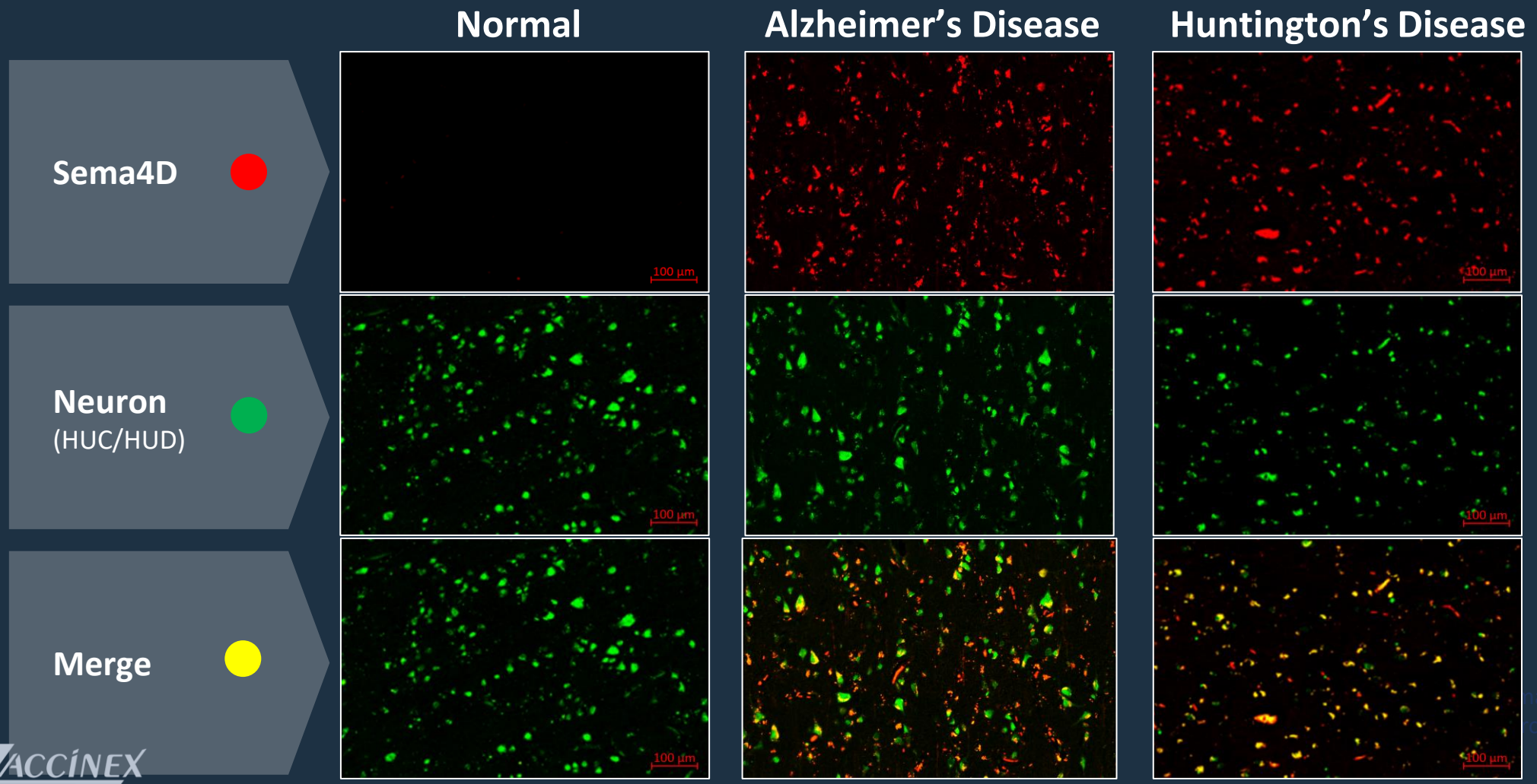
International Journal of Molecular Sciences 2021

Article

Anti-Semaphorin 4D Rescues Motor, Cognitive, and Respiratory Phenotypes in a Rett Syndrome Mouse Model

Yilin Mao [1,2], Elizabeth E. Evans [3], Vikas Mishra [3], Leslie Balch [3], Allison Eberhardt [3], Maurice Zauderer [3,†] and Wendy A. Gold [1,2,4,5,*,†]

SEMA4D IS OBSERVED TO BE UPREGULATED IN NEURONS DURING UNDERLYING DISEASE PROGRESSION



Human autopsy sections of frontal lobe

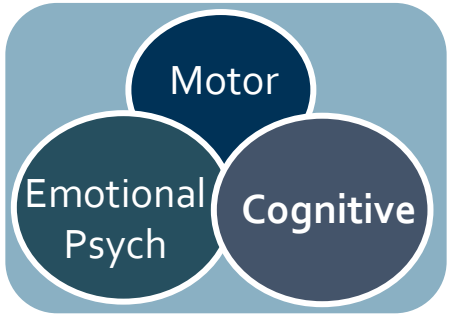
HUNTINGTON'S DISEASE

Genetic Disease
HD is caused by dominant mutation in a single gene.

Unmet need
No approved treatments to alter the course of Huntington's Disease.

~40,000 individuals
with manifest disease in US

>150,000 more
at risk of inheriting mutation



Symptoms
Cognitive impairment = most significant impact on daily life (FDA Voice of the Patient)

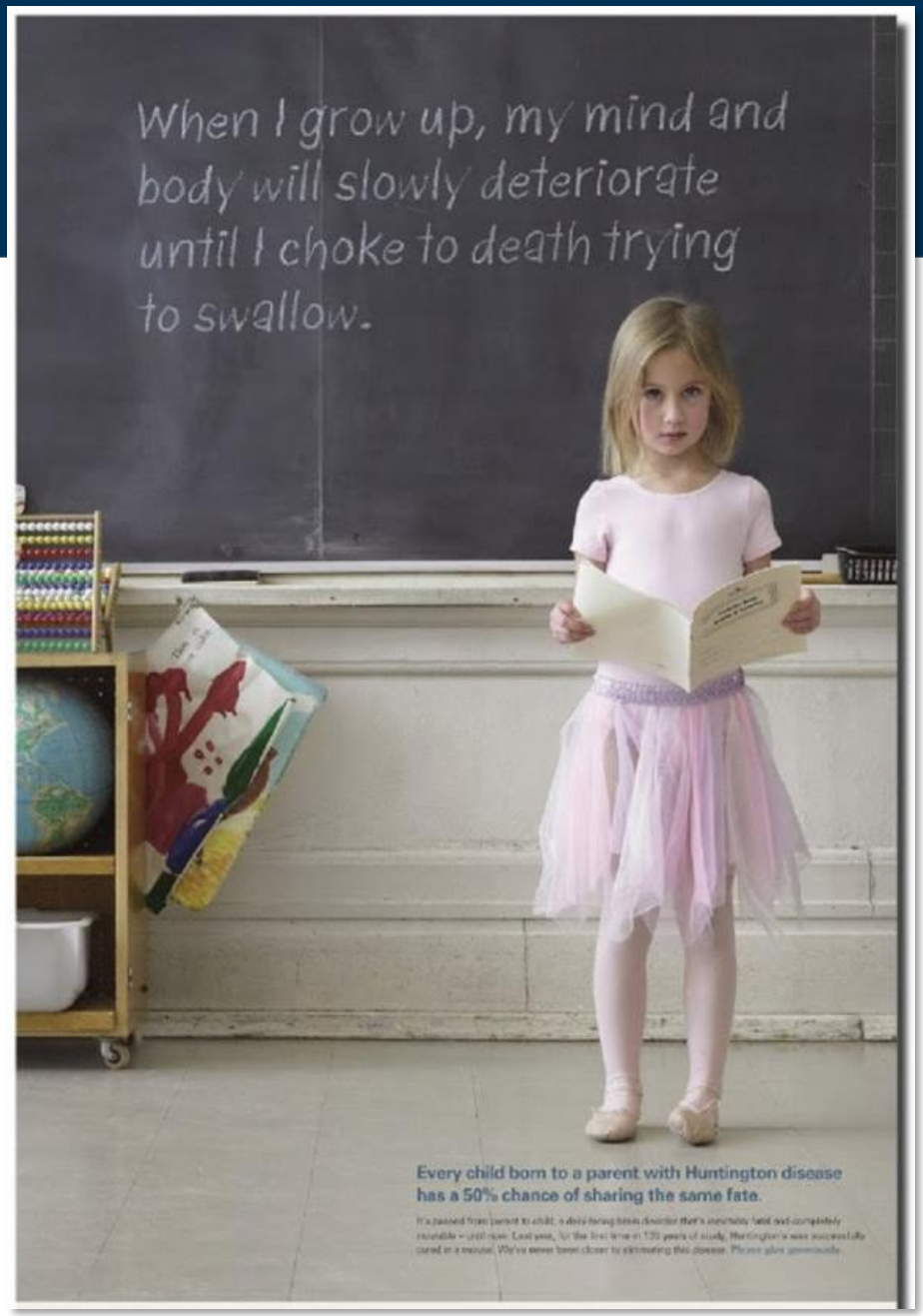


Photo credit: Huntington Society of Canada

HUNTINGTON'S DISEASE

Abbreviated Clinical Trial Design*

SIGNAL

Orphan Disease and Fast Track Designations

Early Manifest HD

placebo
n=88

Monthly X18 months

Safety Follow-up 1 month

Randomized 1:1 Double-blind

pepinemab
n=91

Monthly X18 months

Safety Follow-up 1 month

Data Analysis and Study Objectives

Safety and tolerability

Primary Efficacy Outcomes (mITT)
Cognitive Function
CGIC

Key Exploratory and Biomarker Outcomes
Brain Volume (vMRI)
Metabolic imaging (FDG-PET)

Post-hoc Subgroup Analyses

NCT02481674. *Note 86 subjects with Late Prodromal HD were also included in study

ABBREVIATED SAFETY AND BASELINE CHARACTERISTICS

mITT: Early Manifest HD

Pepinemab (PEPI) SEMA4D blocking antibody is well tolerated

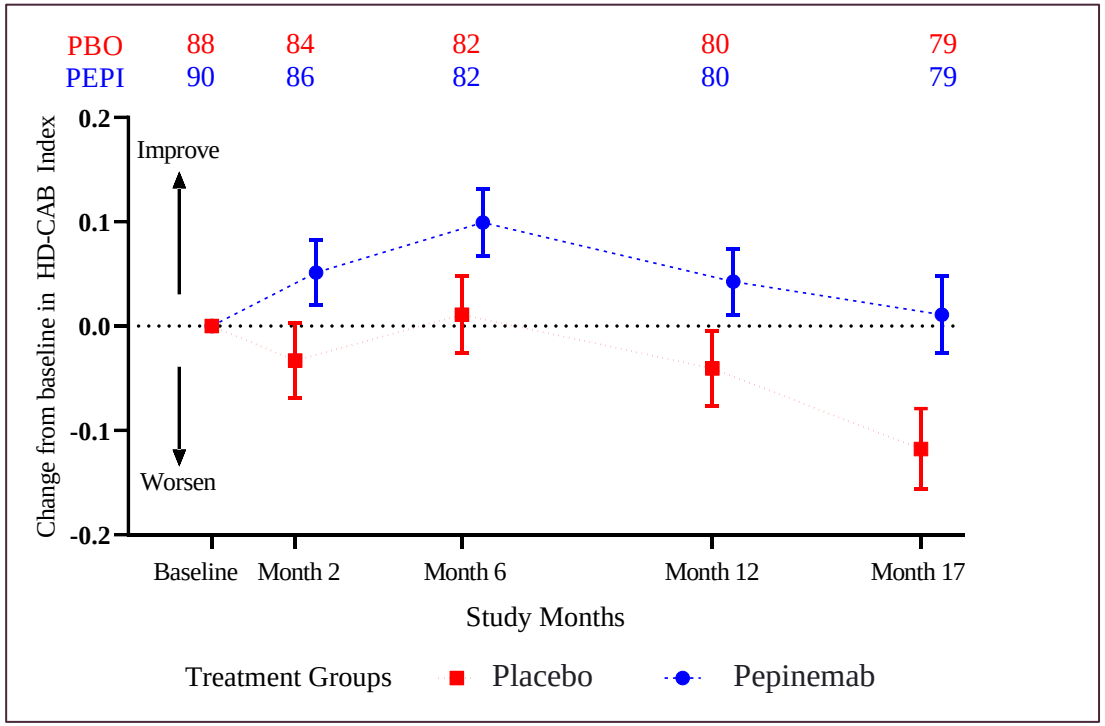
Early Manifest HD	Placebo (n=88)	Pepinemab (n=91)
Discontinued Treatment Early	10	13
Had any SAE (*)	8	4
Had any Grade 3+ AE (*)	14	17
CAG repeat length	44.1	43.5
CAP score**	470	466
UHDRS-DCL at screening DCL-4, Unequivocal HD (>99% confident)	88 (100%)	91 (100%)
UHDRS-TFC at screening, n (%)		
11 12-13	33 (38%) 55 (62%)	29 (32%) 61 (68%)
MoCA score, mean (SE)	26.02 (2.04)	26.14 (2.30)
MoCA <26 subgroup	23.97 (0.94)	23.78 (1.07)
MoCA ≥26 subgroup	27.44 (1.21)	27.72 (1.34)

*pre-COVID era;
**CAP score = age × (CAG repeat length – 33.66)

COGNITIVE ASSESSMENT BATTERY (HD-CAB)

mITT Co-Primary and pre-specified Exploratory analysis, Early Manifest HD

HD-CAB Composite Index of 6 Cognitive Assessments



Two-item HD Cognitive Assessment: Pre-specified Co-Primary

LS Mean Difference Estimate (95% CI)	One-sided p-value	Favors Pepinemab	Critical value
OTS: -1.98 (-4.00, 0.05)	**0.028**	**Yes**	**No [0.025]**
PTAP: 1.43 (-0.37, 3.23)	**0.060**		

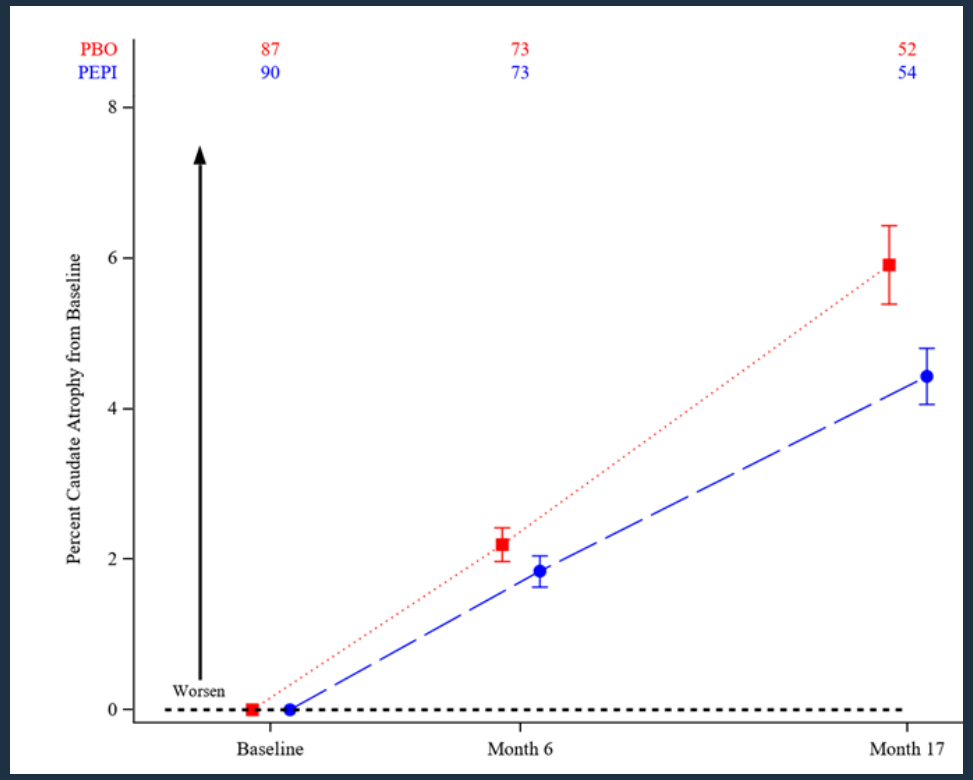
HD-CAB Composite Index: Pre-specified Exploratory

LS Mean Difference Estimate (95% CI)	One-sided p-value	Favors Pepinemab	Critical value
0.13 (0.03, 0.23)	**0.007**	**Yes**	**Yes [0.025]**

PEPINEMAB APPEARS TO REDUCE BRAIN ATROPHY

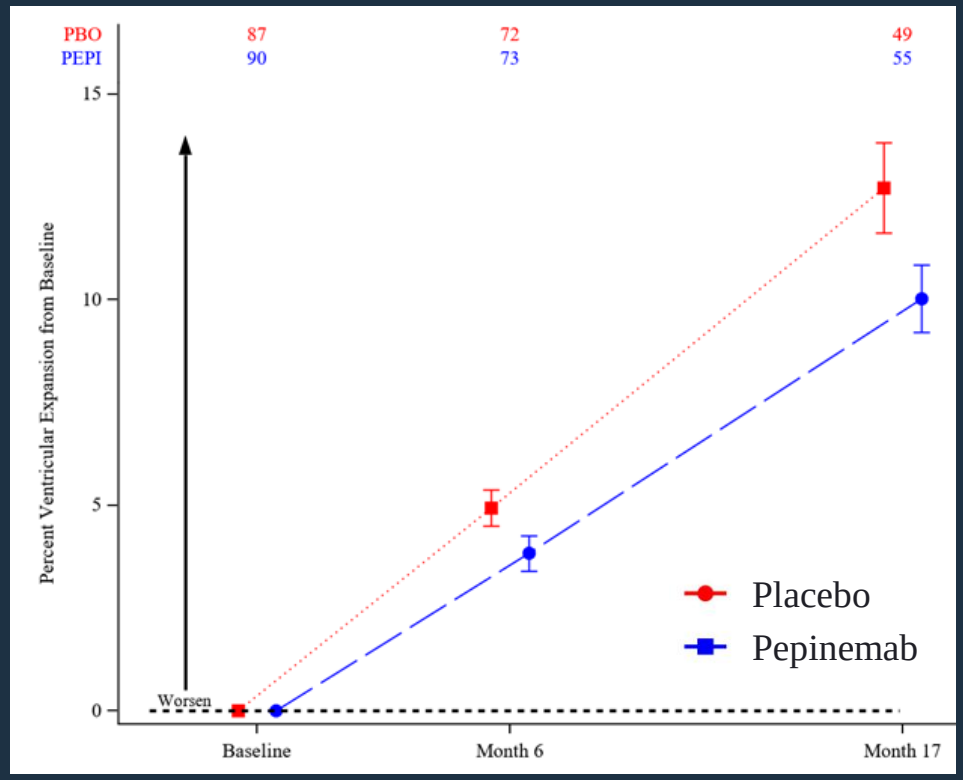
Volumetric MRI– Boundary Shift Integral Analysis (BSI)
Pre-specified Exploratory Endpoint, Early Manifest cohort

CBSI (caudate atrophy)



LS Mean Difference Estimate (95% CI):
CBSI: -1.54 (-2.79, -0.29);
p = 0.017

VBSI (ventricular expansion)



VBSI:-2.47 (-5.04, 0.10);
p = 0.060

FDG-PET CORRELATES WITH COGNITIVE FUNCTION

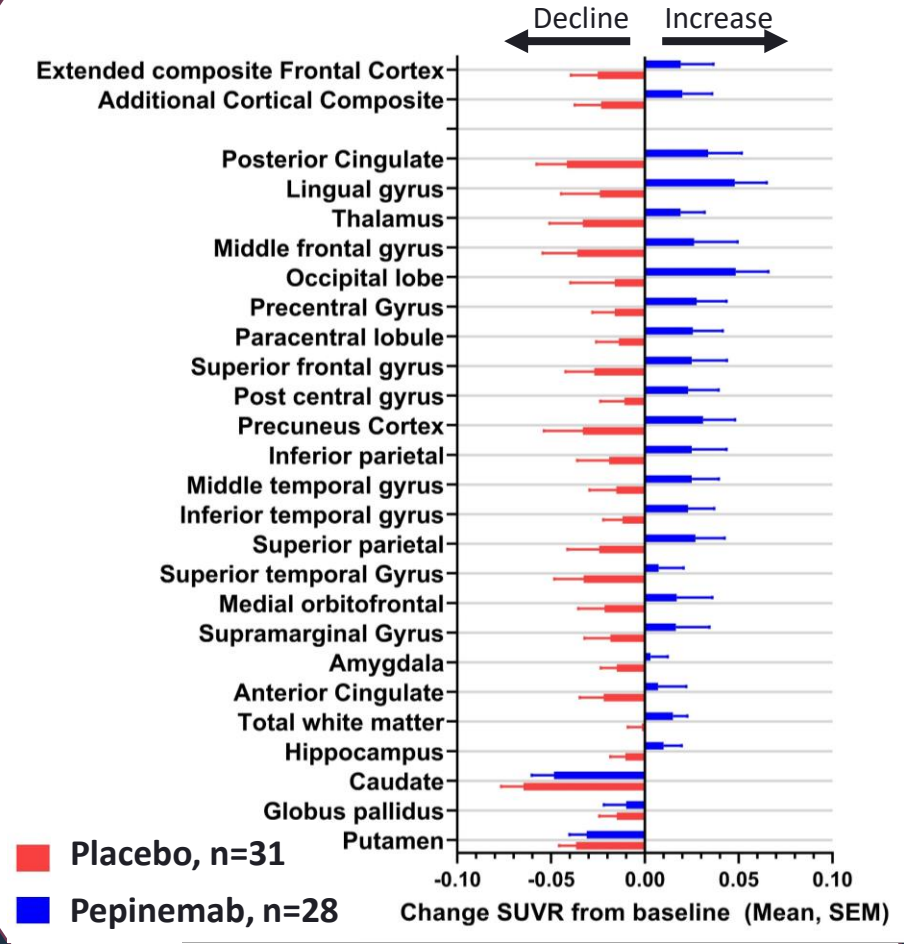
Pre-specified Exploratory Endpoint, Early Manifest cohort

1 FDG-PET measures brain metabolic activity.

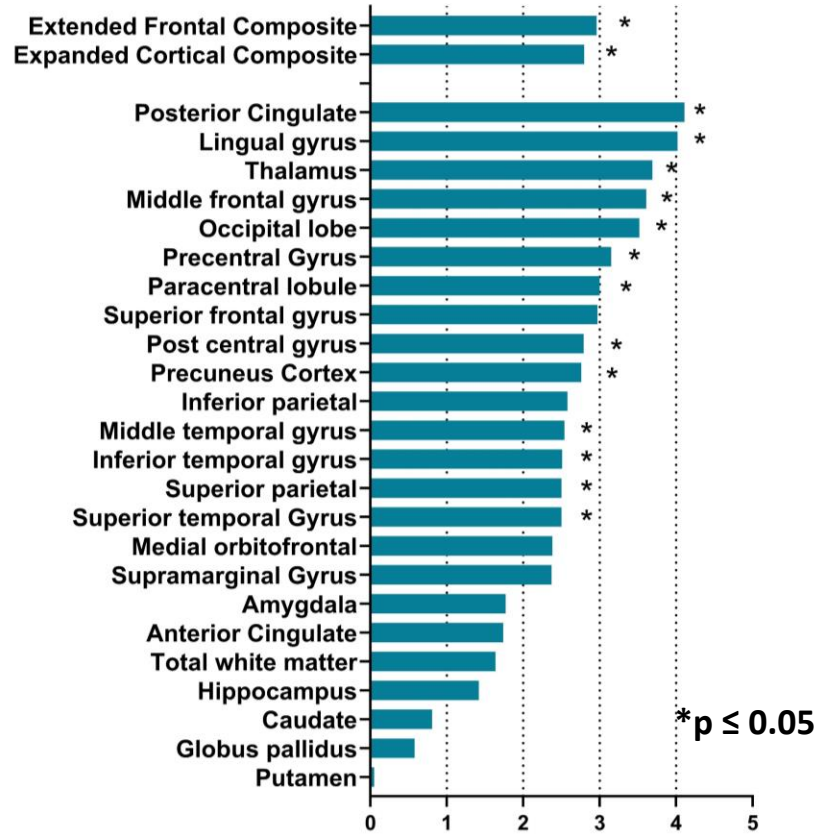
2 Decline in FDG-PET is reported to correlate with cognitive impairment in neurodegenerative diseases.

Pepinemab treatment appears to reverse loss of metabolic activity.

Change in FDG-PET at Month18



Difference (PEPI-PBO) at Month 18



SUVR = standardized uptake value ratio

SIGNAL Phase 2 Trial
Summary, Lessons Learned, Next Steps

Orphan Disease and Fast Track Designations




Proposed Mechanism of Action	Safety and Tolerability	Clinical Activity	Target Engagement
Preclinical data suggests reduced neuroinflammation and restoration of normal glia function	**Well tolerated** Intravenous administration	Prespecified primary endpoints were not significant Evidence suggests potential cognitive benefit (HD-CAB, Apathy, FDG-PET) Reduced brain atrophy observed Greatest benefit from treatment was detected in patients with signs of mildly advanced disease	Confirmed penetration into CNS at expected level Antigen-antibody complexes detected

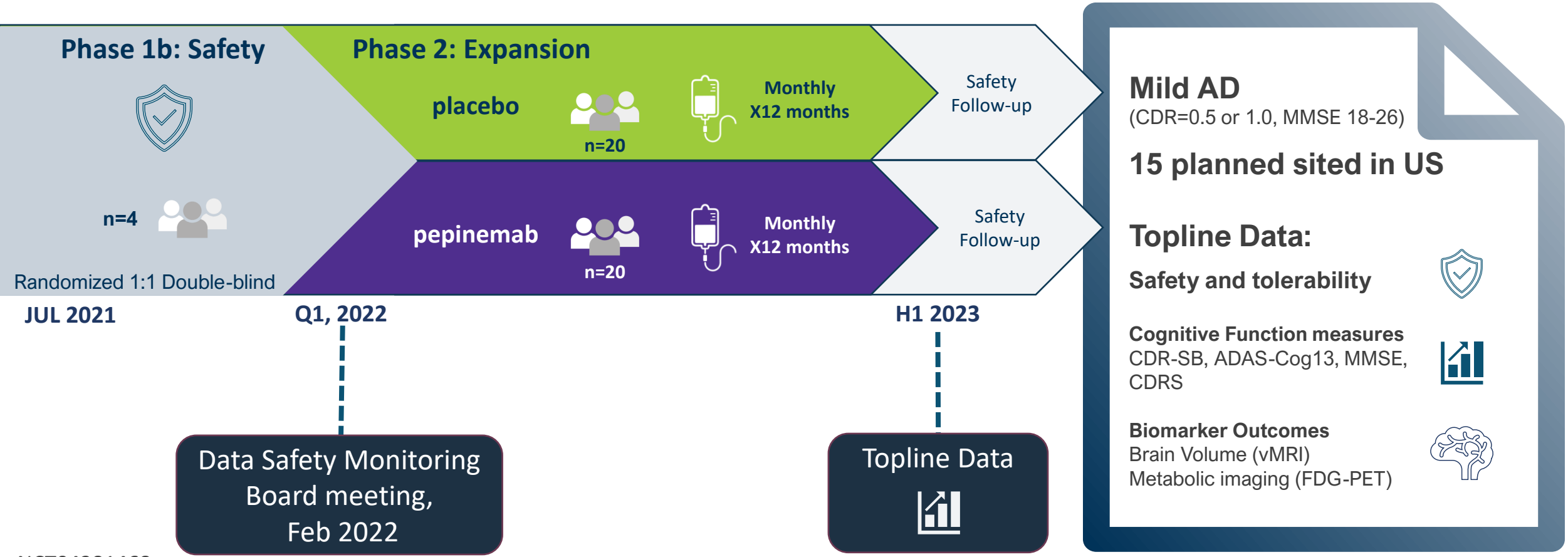
Continued clinical development in Huntington's Disease
Initiated phase 1/2a trial in Alzheimer's Disease

ALZHEIMER'S DISEASE

Phase 1b/2 Trial Design

SIGNAL-AD

Funding by alzheimer's association® | Alzheimer's Drug Discovery Foundation



NCT04381468

ACHIEVEMENTS AND MILESTONES

Publish Clinical Data for SIGNAL study in Huntington's Disease	**2022**
Publish Preclinical Data in Rett Syndrome, an orphan disease	August, 2021
Publish Clinical Data for Pepinemab in Combination with Avelumab in NSCLC Clinical Cancer Research, https://clincancerres.aacrjournals.org/content/27/13/3505	April, 2021
Enrollment of first patient for phase 2 study of Pepinemab in Combination with Keytruda® in front line Head & Neck Cancer **Expect interim data**	Q2 2021 **H2-2022**
Enrollment of first patient in Alzheimer's disease phase 1b/2a study **Expect topline data from randomized, double-blind, placebo-controlled study**	Q2 2021 **H1 2023**

Currently exploring pharma collaborations

Vaccinex, Inc. (Nasdaq: VCNX) is a publicly traded clinical-stage biotechnology company engaged in the discovery and development of targeted biotherapeutics to treat serious diseases with unmet medical needs, including cancer and neurodegenerative diseases.

INCORPORATED
2001

HEADQUARTERS
Rochester, NY

EMPLOYEES
39

IPO NASDAQ VCNX
August 2018

JANUARY 2022 CAPITAL RAISE
$13.2 M

CASH BALANCE*
$13.8 M

SHARES OUTSTANDING*
30.8 M

ANALYSTS
BTIG (T.Shrader)

*as of 30SEP2021

Vaccinex Leadership Team

Maurice Zauderer, Ph.D.	**Founder, President and Chief Executive Officer**. Formerly, Professor at University of Rochester and at Columbia University.
Scott E. Royer, CFA, MBA	**Chief Financial Officer**. Formerly, Chief Financial Officer and Director of Finance of the Medical Films Group of Carestream Health, a medical and dental imaging company and an independent subsidiary of Onex Corporation, a Canadian publicly traded private equity investment firm. Mr. Royer earned an Executive MBA from Villanova University, and is a credentialed Chartered Financial Analyst (CFA)
Ernest S. Smith, Ph.D.	**Chief Scientific Officer and Senior Vice President, Research**. Dr. Smith received a Ph.D. in Immunology from the University of Rochester. Dr. Smith has held several leadership roles at Vaccinex since 2001 and holds several patents, including ActivMab® technology and Semaphorin 4D/pepinemab.
Elizabeth E. Evans, Ph.D.	**Chief Operating Officer and Senior Vice President, Discovery and Translational Medicine**. Dr. Evans received an M.S. in Immunology and a Ph.D. in Pathology from the University of Rochester. Dr. Evans has held several leadership roles at Vaccinex since 2001 and holds several patents on SEMA4D/pepinemab.
John E. Leonard, Ph.D.	**Senior Vice President, Development**. Formerly Vice President, Program Executive of Biogen Idec, Inc., a publicly traded biotechnology company. Dr. Leonard received a Ph.D. in Biochemistry from the University of California, Riverside

Appendix

CONTACT US

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COO
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ActivMAb Technology

Ernest Smith, PhD
CSO
esmith@vaccinex.com

Vaccinex Scientific Advisors - Neurology

Eric Siemers, MD	President of Siemers Integration LLC. Distinguished medical fellow for Eli Lilly and Company's Alzheimer's Disease Global Development Team, founded and headed the Indiana University Movement Disorder Clinic. Served on the Board of Directors of the American Society of Experimental Neurotherapeutics, as founding member and Chair of the Alzheimer's Association Research Roundtable, and Steering Committee member for the Alzheimer's Disease Neuroimaging Initiative (ADNI).
Karl D. Kieburtz, MD, MPH	President of Clintrex LLC, providing services regarding research and regulatory strategy for therapeutic development of interventions for brain disorders. Chair of the FDA Peripheral and Central Nervous System Drugs Advisory Committee and sits on the American Academy of Neurology (AAN) Clinical Research Subcommittee, the International Executive Committee of the Movement Disorders Society (MDS), the Board of Directors for the American Society for Experimental Neuro Therapeutics(ASENT), and the Council of the American Neurological Association (ANA),chair of the FDA Peripheral and Central Nervous System Drugs Advisory Committee.
Ira Shoulson, MD	Dr. Shoulson is a long time leader in Huntington's disease research. From 2011 to July 2018, Dr Shoulson was Professor of Neurology, Pharmacology and Human Science and Director of the Program for Regulatory Science and Medicine (PRSM) at Georgetown University where he was principal investigator of the FDA-Georgetown University Collaborating Center of Excellence in Regulatory Science and Innovation. From 1990 to 2011, Dr Shoulson was the Louis C. Lasagna Professor of Experimental Therapeutics and Professor of Neurology, Pharmacology and Medicine at the University of Rochester School of Medicine & Dentistry in Rochester, New York. Dr. Shoulson is an elected member of the National Academy of Medicine of the National Academy of Sciences.
Ralf Reilmann, MD	Founding Director and C.E.O. of the George-Huntington-Institute, Dept. of Radiology at the University of Muenster and the Dept. of Neurodegeneration and Hertie Institute for Clinical Brain Research at the University of Tuebingen.

Vaccinex Scientific Advisors - HNSCC Clinical Advisory Board

Barbara Burtness, MD	Professor of Medicine (Medical Oncology) at Yale, leader of the Disease Aligned Research Team for the Head and Neck Cancers Program and Co-Leader of the Developmental Therapeutics Research Program at Yale Cancer Center. Chair of ECOG-ACRIN Head and Neck Therapeutics Committee, served on the NCCN and SITC Head and Neck Guidelines Committee, and the NCI Head and Neck Cancer Steering Committee. Co-chair of the NCI Clinical Trials Planning Meeting on TP53-Mutated Head and Neck Cancer and FDA Project 2025 for Head and Neck. Founding Director of the Yale Head and Neck Cancer SPORE and has led numerous clinical trials, including the international phase III trial which led to regulatory approval of immunotherapy in first-line treatment of head and neck cancer.
Robert Haddad, MD	Chief, Division of Head and Neck Oncology. McGraw Chair, Head and Neck Oncology, Dana-Farber Cancer Institute. Professor, Medicine, Harvard Medical School.
Douglas Adkins, MD	Professor, Department of Medicine, Oncology Division, Medical Oncology, Washington University School of Medicine in St. Louis. NCI Head and Neck Steering Committee and Metastatic and Recurrent Head & Neck Cancer Task Force
Nabil Saba, MD	Director of the Head and Neck Cancer Medical Oncology Program at Winship Cancer Institute of Emory University, Professor and Vice Chair for Quality and Safety in the Department of Hematology and Medical Oncology and holds a joint appointment as Professor in the Department of Otolaryngology at Emory University School of Medicine. Chair of the National Cancer Institute's task force for recurrent metastatic head and neck cancer and Chair of the Rare Tumors Task Force of the National Cancer Institute's Head and Neck Cancer Steering Committee. Member of the NRG Oncology and Eastern Cooperative Oncology Group (ECOG) Head and Neck Cancer Core Committees, the ASCO clinical guidelines committee, and the ASCO Head and Neck Guideline Advisory Group.

Vaccinex Board of Directors

Albert D. Friedberg	Chairman, President and CEO of Friedberg Mercantile Group, a Toronto-based commodities and investment management firm he founded in 1971. He served as Chairman of the Toronto Futures Exchange from March 1985 to June 1988.
Chrystyna M. Bedrij	Co-Founder and Principal, Griffin Securities
Jacob B. Frieberg	Principal, The WTF Group.
J. Jeffrey Goater	CEO of Surface Oncology, Formerly, CFO of Voyager Therapeutics.
Bala S. Manian, Ph.D.	Founder (or co-founder) of Quantum Dot Corporation, SurroMed, Biometric Imaging, LumisysInc., Molecular Dynamics and ReaMetrix.
Gerald E. Van Strydonck	Formerly, Managing Partner at PricewaterhouseCoopers.
Barbara Yanni	Formerly, Vice President and Chief Licensing Officer at Merck & Co., Inc.
Maurice Zauderer, Ph.D.	Vaccinex Founder, President and Chief Executive Officer. Formerly, Professor at University of Rochester and at Columbia University.

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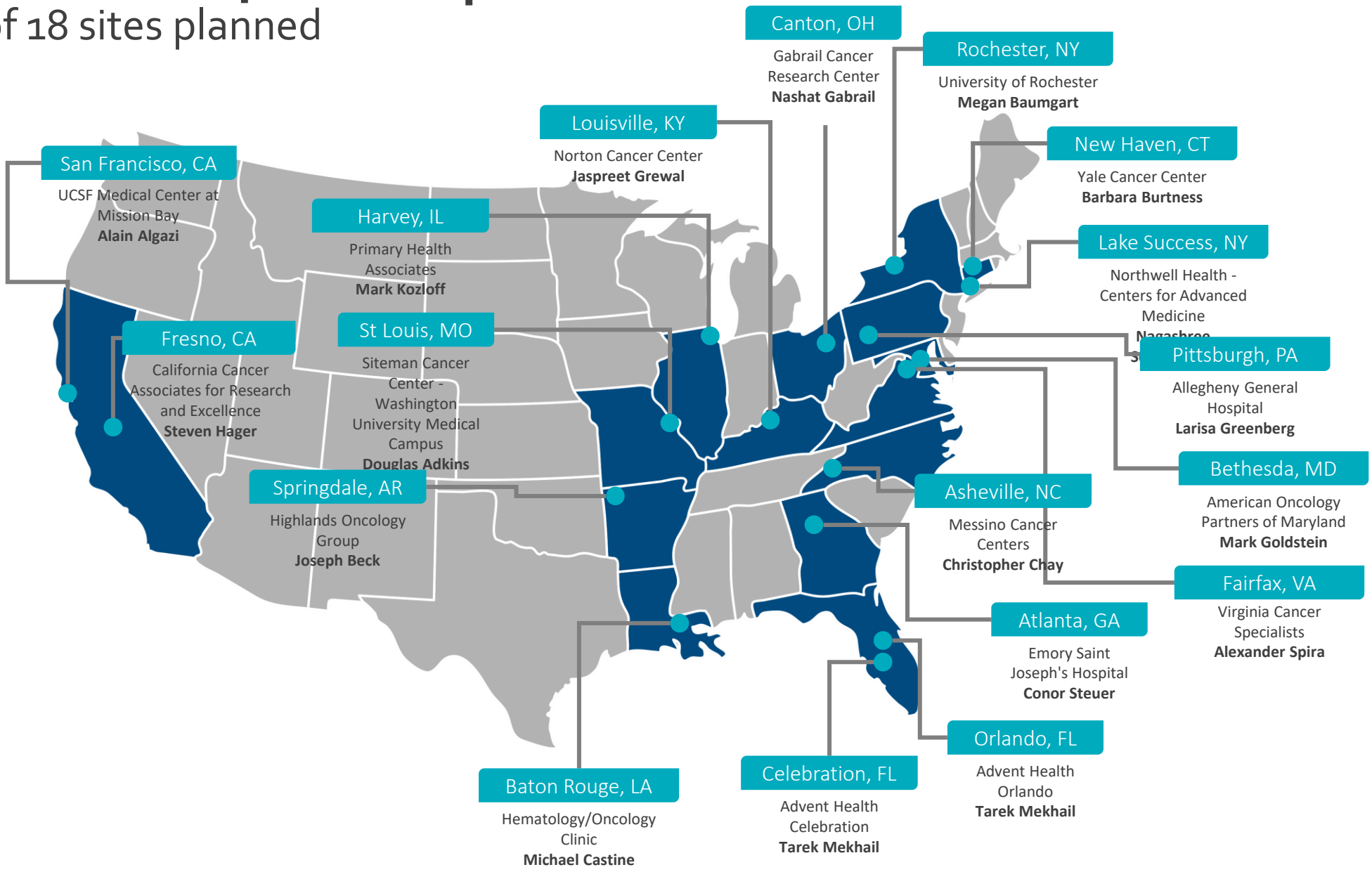
KEYNOTE B84 Site Map

Total of 18 sites planned



Signal-AD Site Map