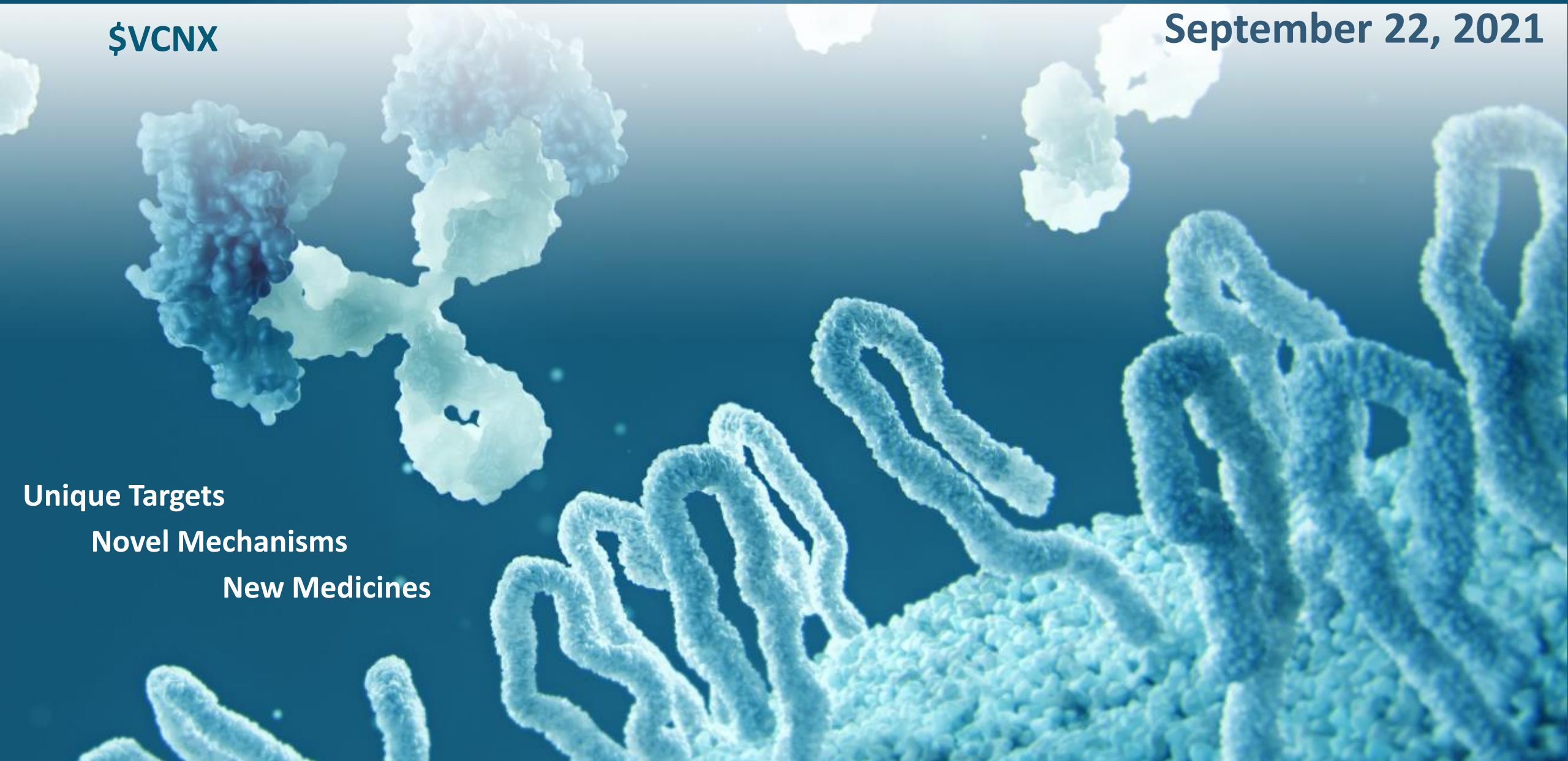
Oppenheimer Fall Healthcare Life Sciences and MedTech Summit

$VCNX

September 22, 2021



Unique Targets

Novel Mechanisms

New Medicines

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, 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 its 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 Form 10-K for year end December 31, 2021 and subsequent filings with the SEC.

VACCINEX

$VCNX

Novel antibody therapeutics target unmet needs

- ✓ **Novel Mechanistic Approach**
  Lead product: Pepinemab
  Humanized IgG4 monoclonal antibody, first in class
  Blocks a unique target, Semaphorin 4D (SEMA4D)
- ✓ **Clinical Proof of Concept**
- ✓ **Advanced clinical programs with near term opportunities for monetization by partnering**
- ✓ **Proprietary Drug Discovery Platform**

SEMA4D pathways are activated in immune and central nervous systems in response to stress/disease

Neurodegenerative Disease

- Targets underlying disease pathology, a trigger of neuroinflammation
- Ability to repair and restore normal functions
- Broad application
- Phase 3-ready asset in Huntington's Disease

Cancer Immunotherapy

- Overcomes resistance to existing immunotherapies
- Complements immune checkpoint therapies without added toxicity
- Ongoing Phase 1/2 trial in head and neck cancer, partnered with Merck

Clinical Pipeline

Research/Preclinical	Phase 1	Phase 2	Phase 3

Pepinemab Antibody Platform (anti-Semaphorin 4D Mab)

Neurology

Pepinemab in Huntington's Disease (Orphan Drug and Fast Track Designations) — **Complete** — SIGNAL

Pepinemab in Alzheimer's Disease — Initiated 2021 — SIGNAL-AD

Oncology

Pepinemab COMBO with avelumab in NSCLC (Collaboration with Merck KGaA, Darmstadt, Germany) — **Complete** — **CLASSICAL – Lung**

Pepinemab COMBO with pembrolizumab in first-line HNSCC — Initiated 2021 — **KEYNOTE B84**

ActivMAb® Antibody Platform

Drug Discovery, Complex Membrane Protein Receptors

ActivMAb Technology

All studies Sponsored by:

Additional Funding &/or Support by:

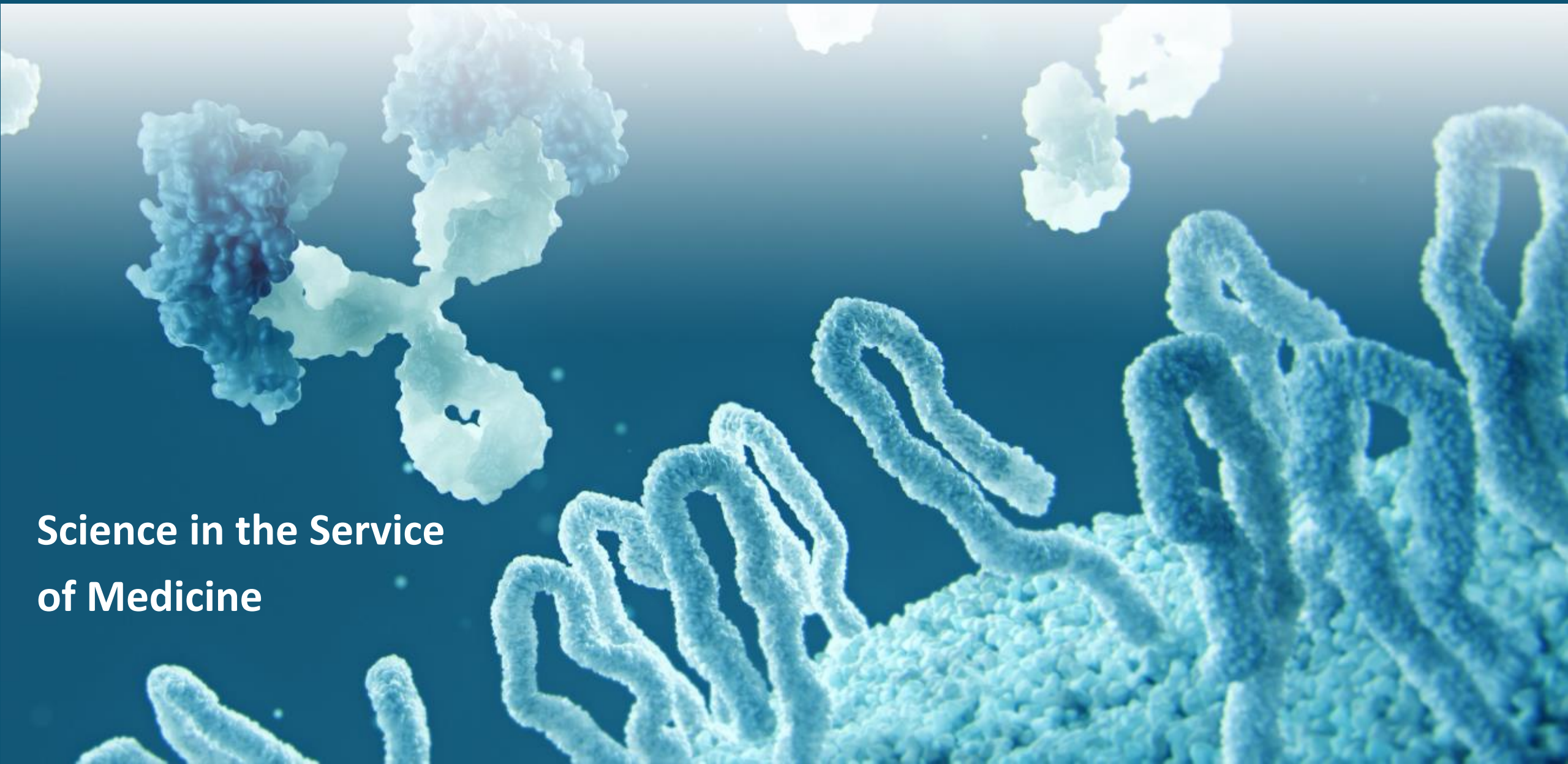
Alzheimer's Drug Discovery Foundation

Merck KGaA, Darmstadt

Merck, MSD

VACCINEX

Pepinemab Antibody for treatment of Neurodegenerative Disease



Science in the Service of Medicine

$VCNX

Pepinemab reprograms underlying pathology in CNS disease

- Huntington's Disease
- Alzheimer's Disease
- Parkinson's Disease
- Rett Syndrome
- Multiple Sclerosis, PPMS
- Co-morbidities

Toxic Aggregates
mHTT, Aβ, Tau, αSynuclein

Aberrant Signaling

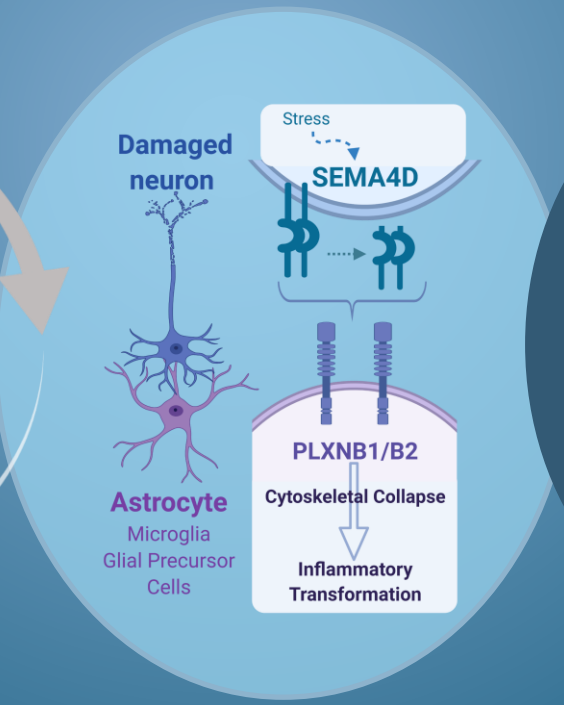
Neuronal Stress

Reactive Glia/ Neuroinflammation

Breakdown of BBB

Autoimmunity

Vascular Dysfunction



Pepinemab
SEMA4D blocking antibody

Reprogram reactive glia

- Repair and restore normal function
- Reduce inflammation
- Differentiation of glial precursor cells
- Remyelination
- Restore BBB

SEMA4D antibody blockade improves disease phenotype in preclinical models

TARGET: SEMA4D is upregulated on damaged neurons

SEMA4D binding to Plexin receptors on glial cells to triggers transformation to reactive inflammatory state and loss of normal support functions

Chronic activation contributes to and exacerbates neurodegeneration

DRUG: Pepinemab is a humanized IgG4 Mab that blocks the binding of SEMA4D to its receptors

- Repair and restore normal glial functions
- Reduce neuroinflammation

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

University Of British Columbia

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

Cleveland Clinic Lerner College of Medicine

School of Medicine Case Western Reserve University

Mount Sinai

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*

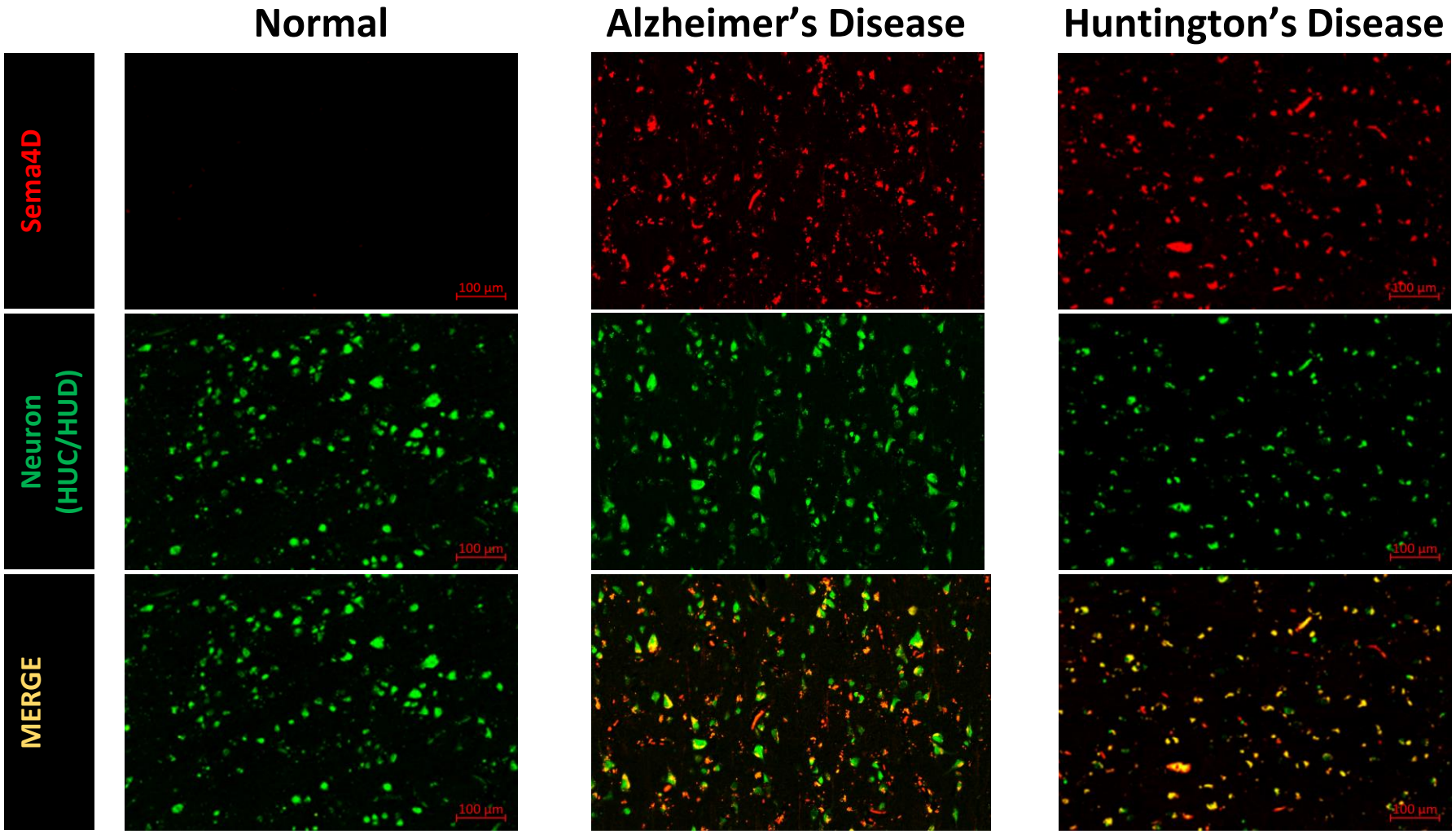
THE UNIVERSITY OF SYDNEY

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 upregulated in neurons during underlying disease progression



Human autopsy sections of frontal lobe

Huntington's Disease - slowly progressive, fatal neurodegenerative 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.

Orphan Disease
Estimated patient population in major markets is ~80,000 individuals with manifest disease and >5X more are at risk of having inherited the HD mutation.

Neuronal degeneration, neuroinflammation, and severe **atrophy** is observed in multiple brain regions affecting **cognition**, emotion, and motor function.

Voice of the Patient
Huntington's Disease

"Perspectives on most significant symptoms
In a polling question…, participants were asked to identify up to three symptoms that had the most significant impact on daily life. **Cognitive impairment (such as difficulty concentrating and difficulty completing tasks) received the highest number of responses,** followed by depression and anxiety, and unsteady gait/trouble with walking."

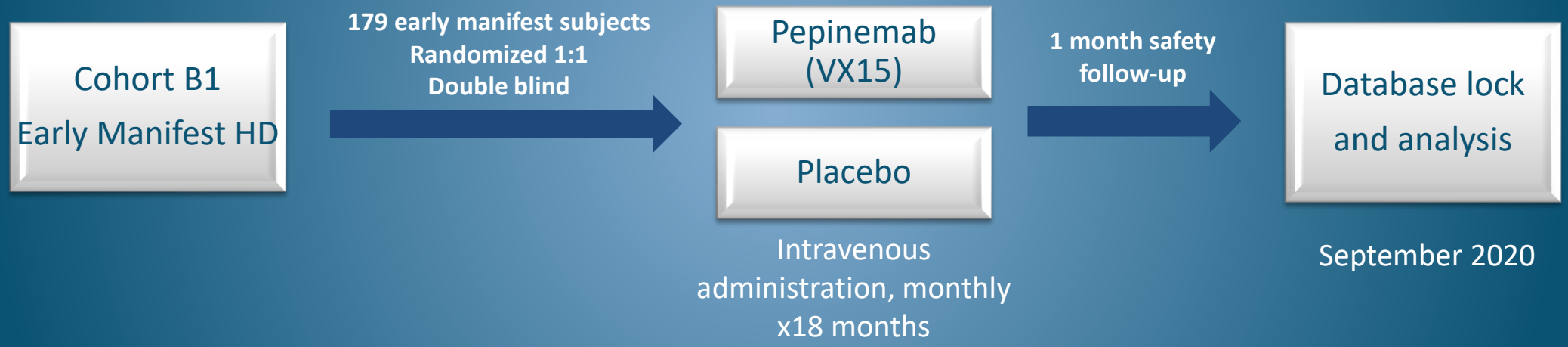
"[My daughter, who once wanted to be an engineer] cannot even focus to read a newspaper today. Today she can't even write a grocery list, handle a monetary transaction, or help her son with homework."

FDA: The Voice of the Patient, Huntington's Disease Report Date: March 2016

Photo credit: Rome Sentinel. 2015. https://romesentinel.com/stories/mother-sitrin-center-hope-to-beat-odds-in-battle-with-huntingtons,44783

Clinical Trial Design – Group B1, Early Manifest HD

Orphan Disease and Fast Track designations



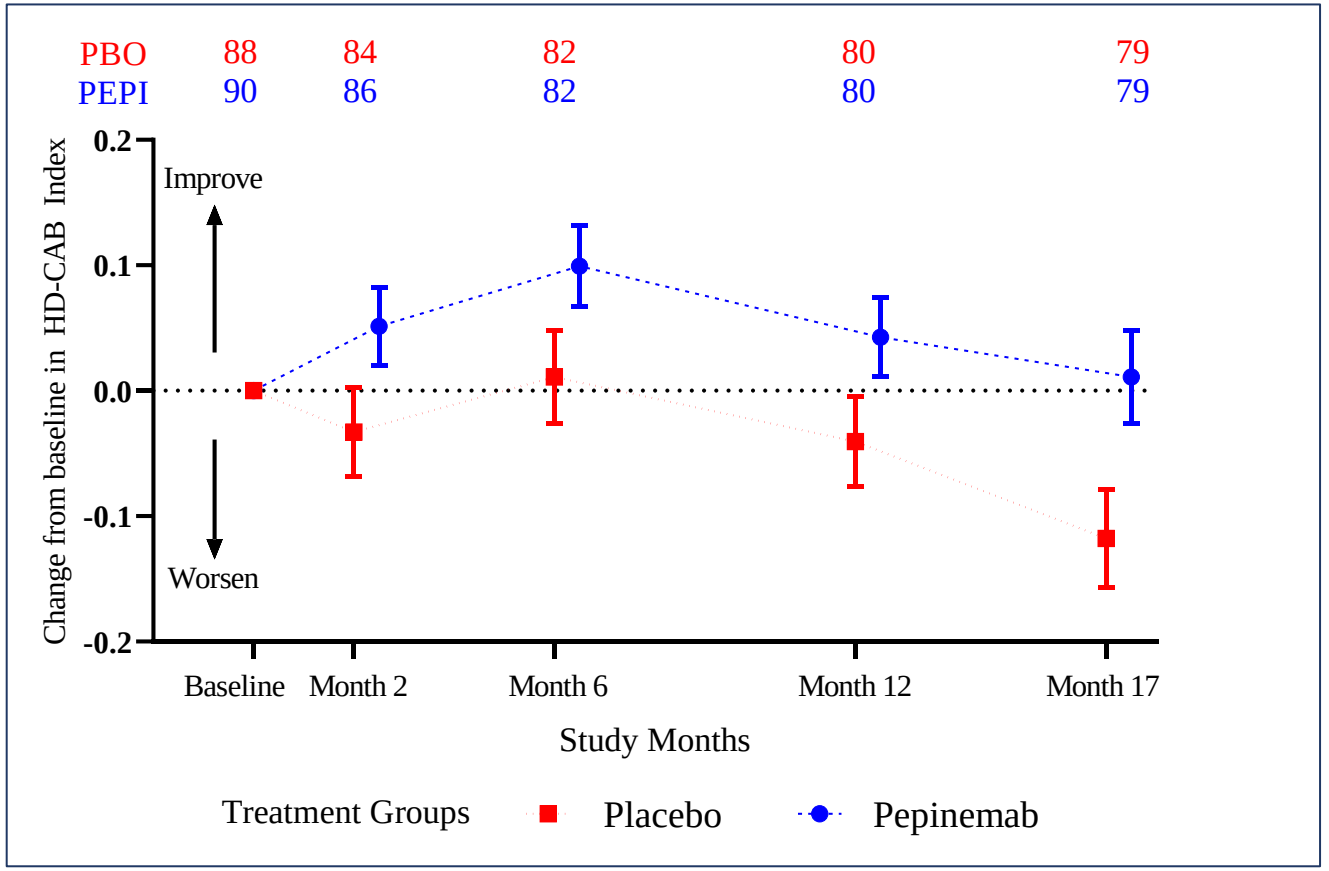
Study Objectives

- Safety and tolerability
- Cognitive Function and Clinical global impression of change (CGIC)
- Brain imaging measures

Cognitive Assessment Battery (HD-CAB)
Prespecified exploratory analysis – Early Manifest HD

HD-CAB Composite Index of 6 Cognitive Assessments

Early manifest HD



HD-CAB Composite Index:

One-sided p-value	Favors PEPI	Critical value
0.007	Yes	Yes [0.025]

Co-primary endpoints:

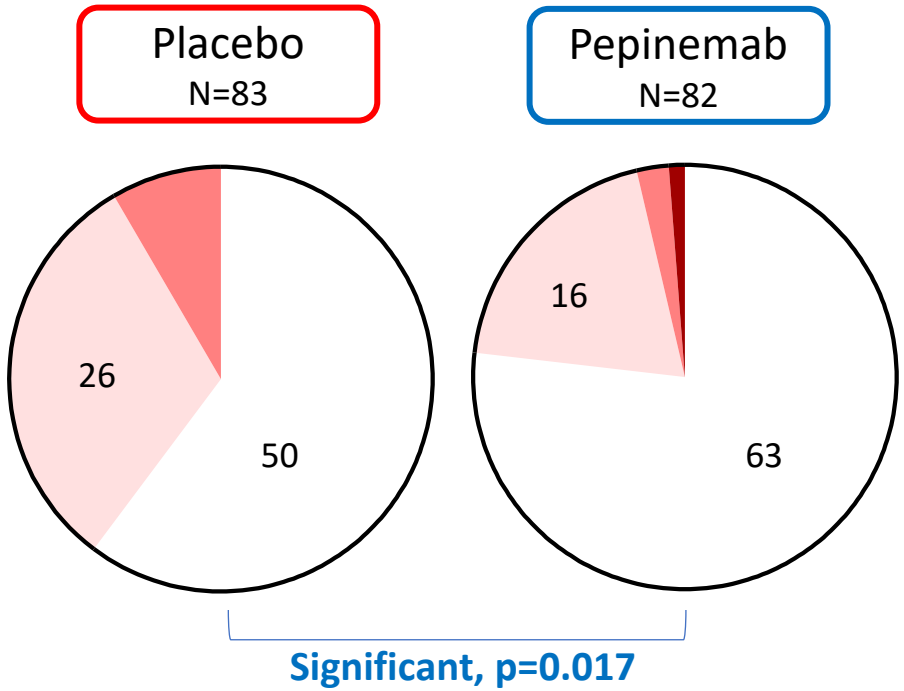
One-sided p-value	Favors PEPI	Critical value
OTS: 0.028 PTAP: 0.06	Yes	No [0.025] [0.0125]

Apathy: a manifestation of cognitive impairment

Several HD studies suggest that among behavioral measures apathy severity correlates best with disease progression and correlates with cognition

"The majority of participants stressed that psychiatric problems were the most significant manifestation of **cognitive impairment**. This included excessive anger, **apathy or lack of emotion**, irritability, aggression, physical violence ... "

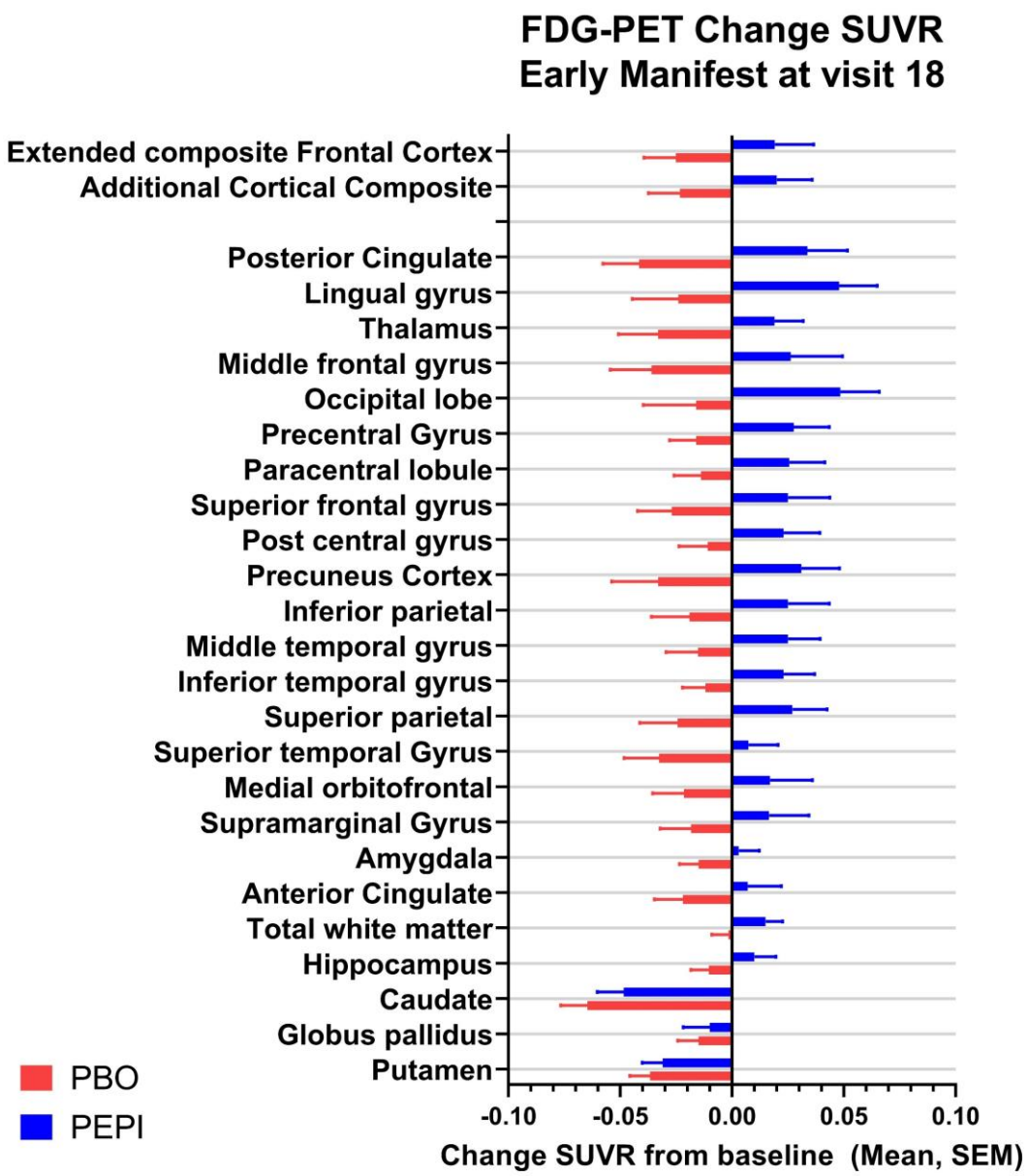
-Voice of the patient

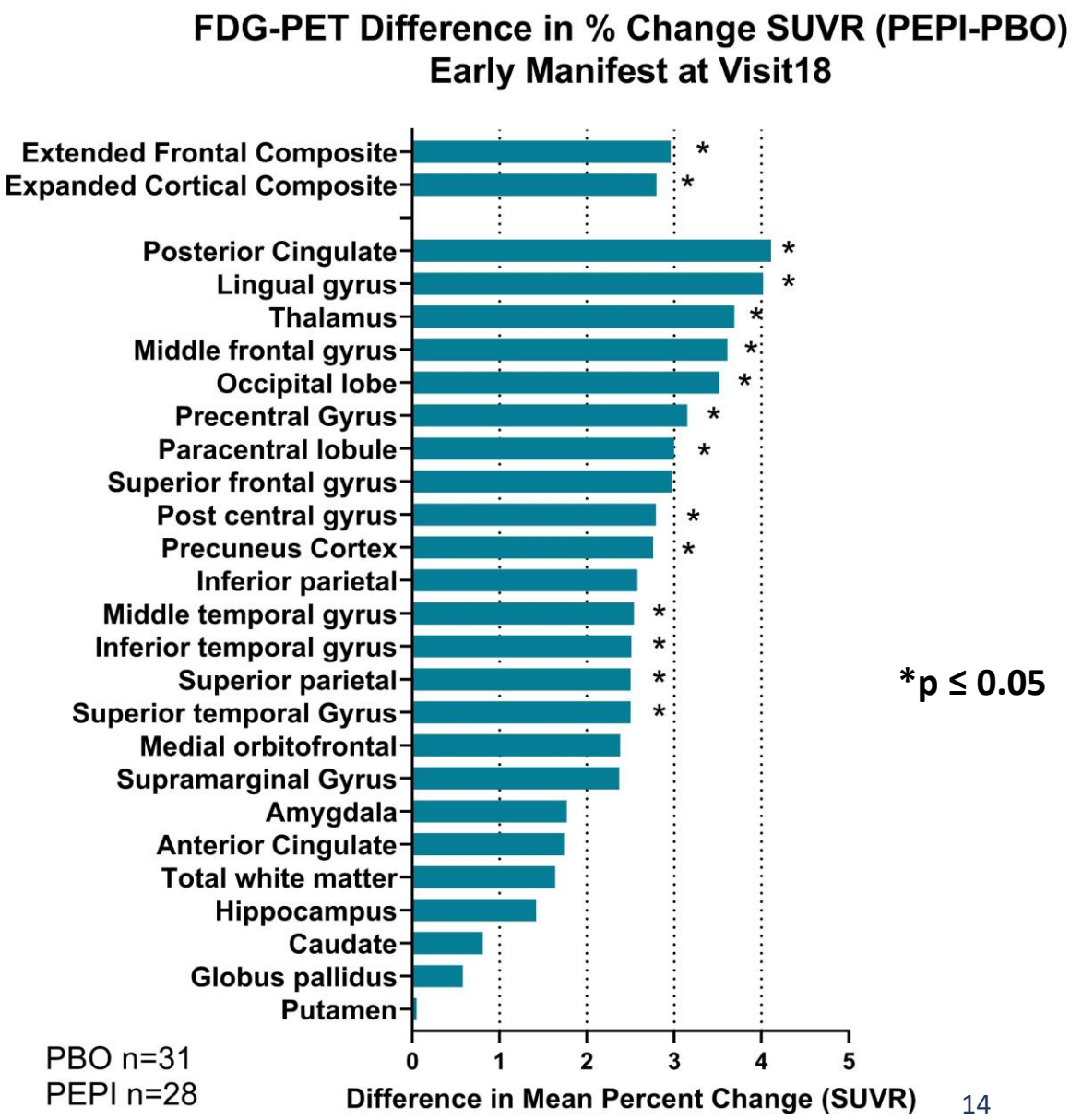


Apathy Severity Scale,
18 months

- Absent
- Slight, questionable, mild
- Moderate
- Severe

FDG-PET correlates with Cognitive function





PBO n=31
PEPI n=28

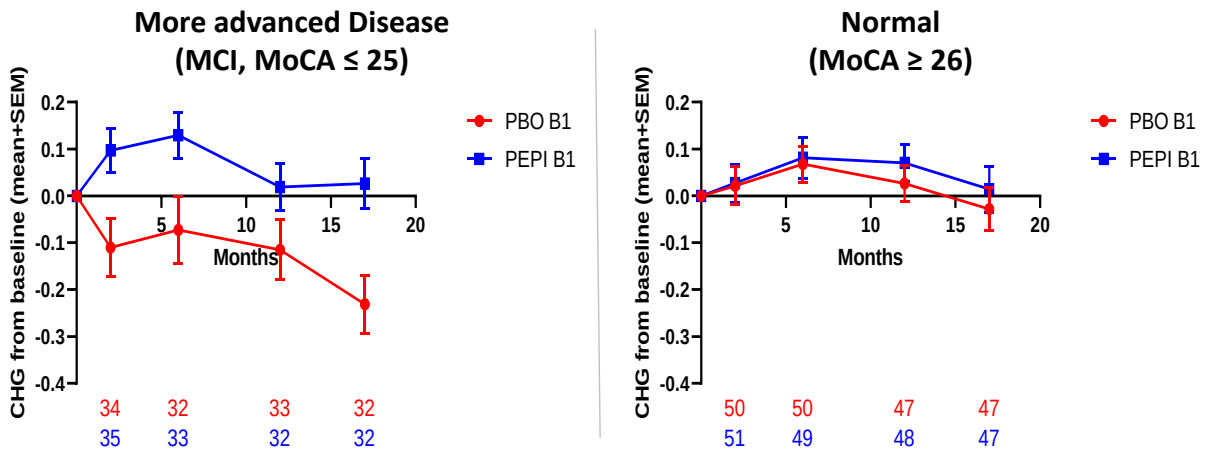
*p ≤ 0.05

Lessons learned from Phase 2 HD trial

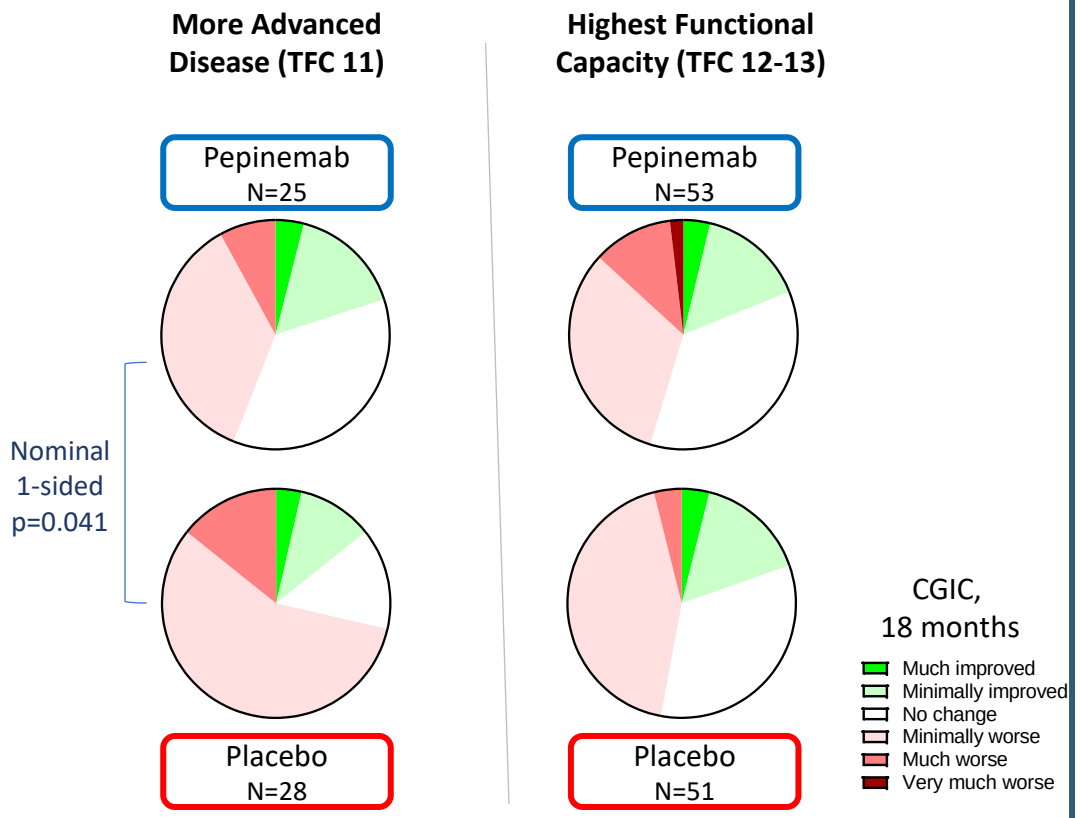
1. Multiple assessments support cognitive benefit

2. Signs of efficacy were more readily detected in patients with slightly more advanced disease at time of enrollment

HD-CAB effect is observed in patients with mild cognitive impairment at baseline



CGIC effect is observed in patients with lower baseline Total Functional Capacity



SIGNAL Phase 2 trial: Summary, Lessons learned, Next steps

Orphan Disease and Fast Track designations

Mechanism of Action
- Reduce neuroinflammation and restore normal glia function

Safety and Tolerability
- **Well tolerated**
- Intravenous administration

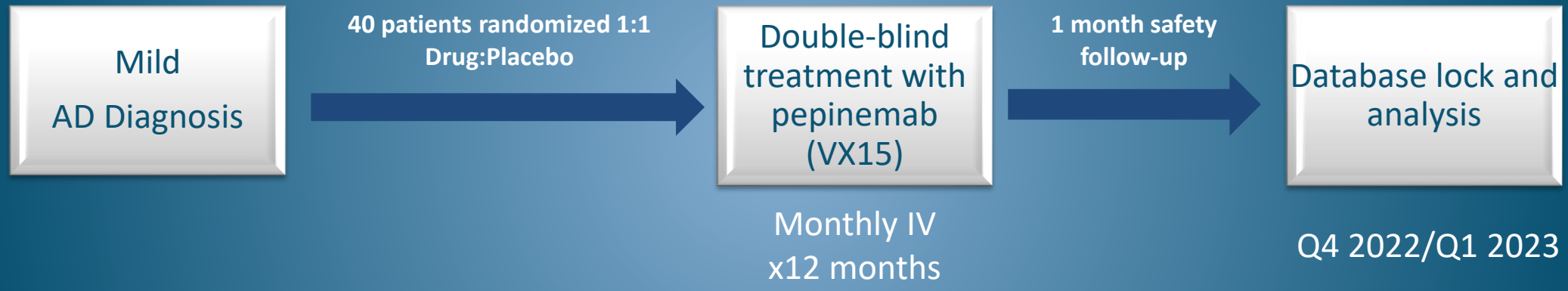
Clinical Efficacy
- Improved cognition: HD-CAB, Apathy, FDG-PET
- Treatment effects detected in patients with slightly more advanced disease
- Reduced brain atrophy

Target engagement
- Confirmed penetration into CNS at expected level
- Antigen-antibody complexes detected

Phase 3-ready asset for HD
Broad application – targets common pathology in neurodegeneration
Initiated phase 1/2 trial in AD

Clinical Trial Design
Alzheimer's Disease

SIGNAL-AD



Study Objectives

- Safety and tolerability
- Cognitive Function measures, CDR-SB, ADAS-Cog13
- Brain imaging measures, FDG-PET

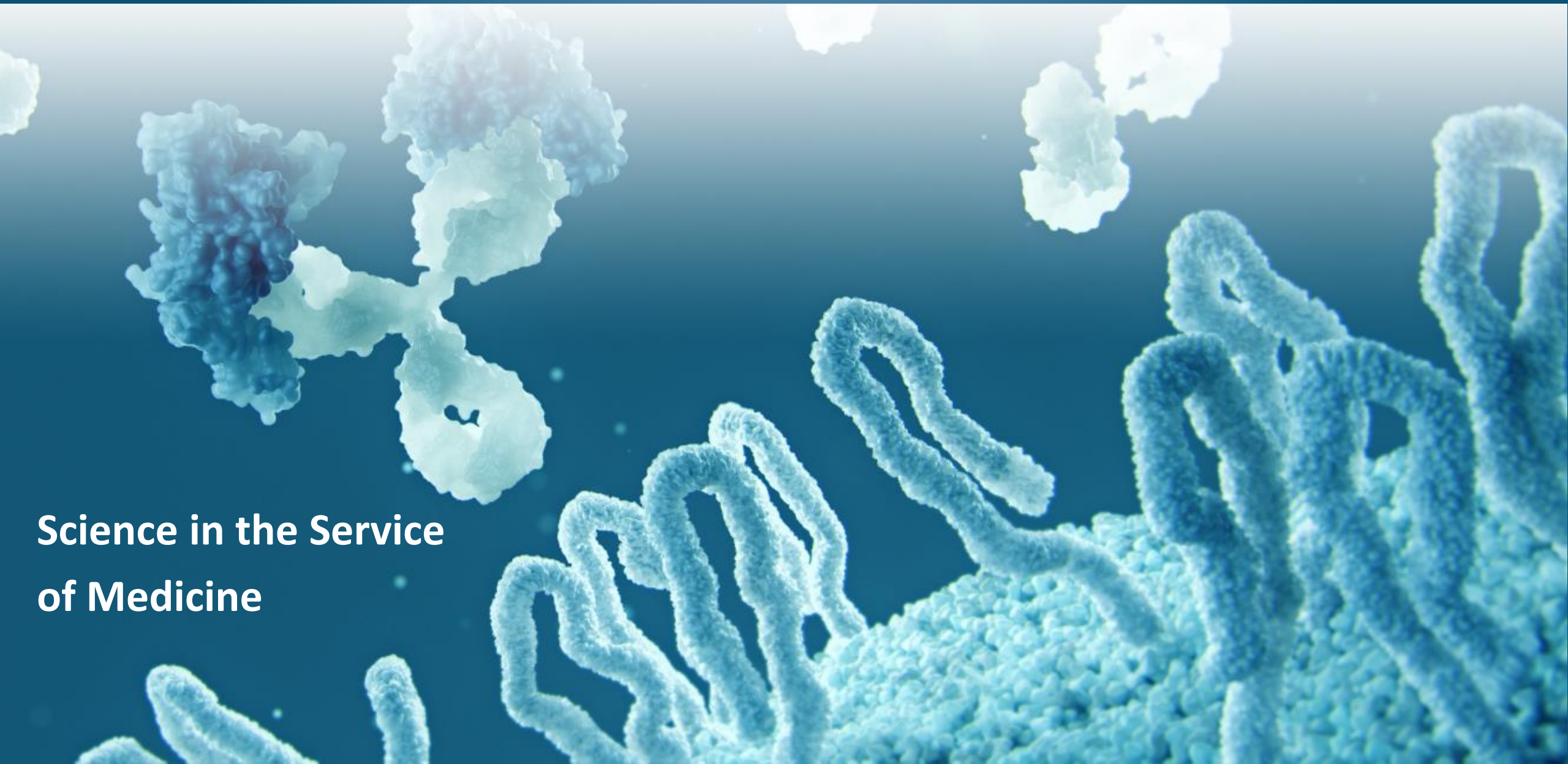
Funding by

alzheimer's association

Alzheimer's Drug Discovery Foundation

VACCINEX

Pepinemab Antibody
Cancer Immunotherapy



Science in the Service of Medicine

$VCNX

Pepinemab reprograms underlying pathology in Cancer

- Genetic Mutations
- Lifestyle, Diet
- Inflammation
- Family History

Inefficient T cell priming

Immune exclusion

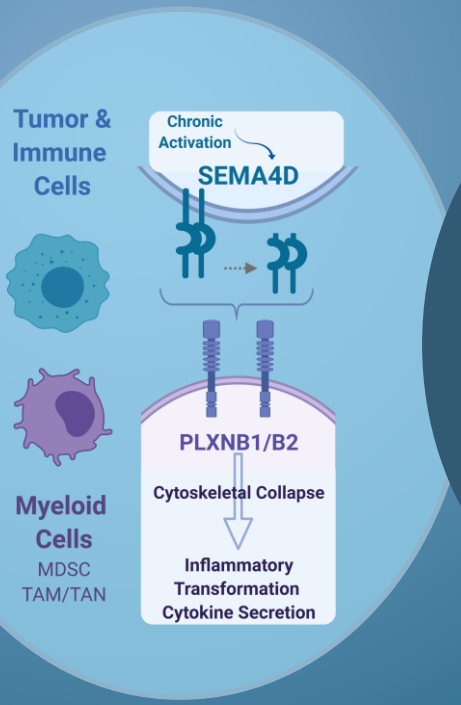
Ineffective T cell response

Myeloid Suppression

Tumor growth

Myeloid Suppressors

MDSC, M2 Tumor associated macrophage



Pepinemab
SEMA4D blocking antibody

Reprogram tumor immunity

- Reprogram myeloid cells from suppressive to tumoricidal
- Recruit DC and activated T cells
- **Tumor killing**
- Neutralize SEMA4D barrier
- Reduce Treg

Why does immune response fail in tumors?

Research Article

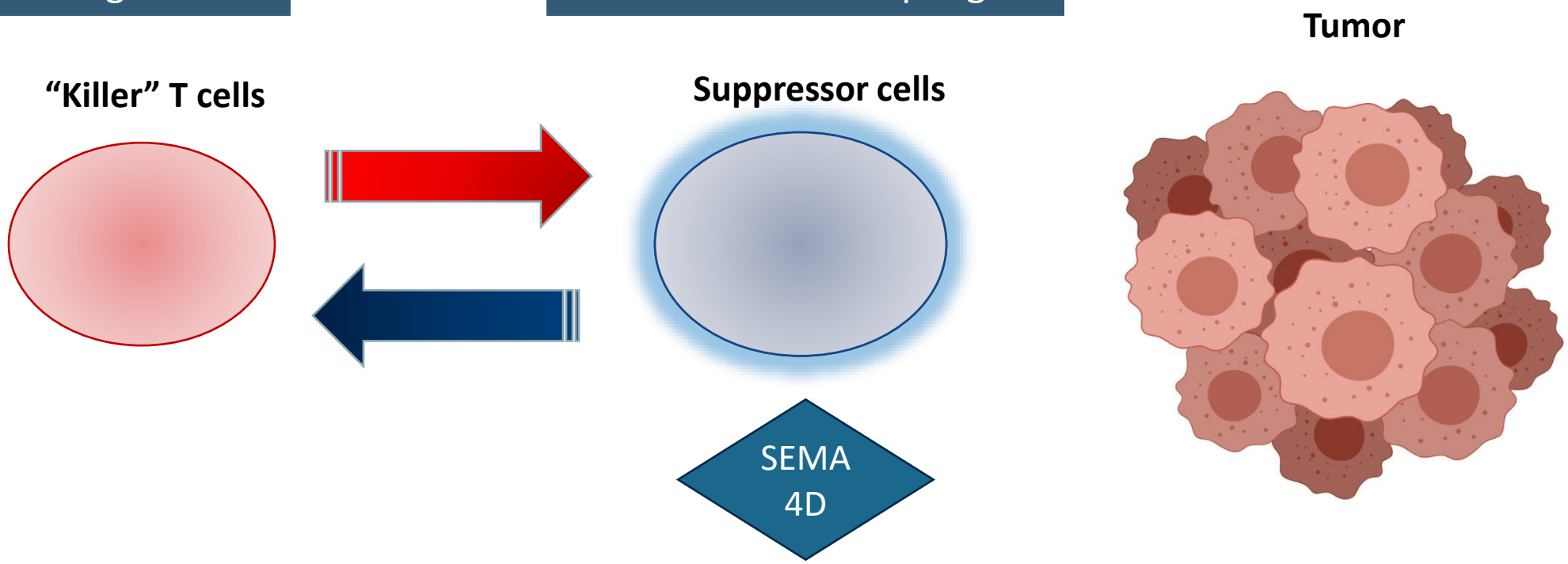
Cancer Immunology Research

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]

1. T cell exhaustion:
PD-L1, CTLA-4, etc
Treg

2. Myeloid cell exhaustion:
MDSC, M2 Tumor associated macrophage

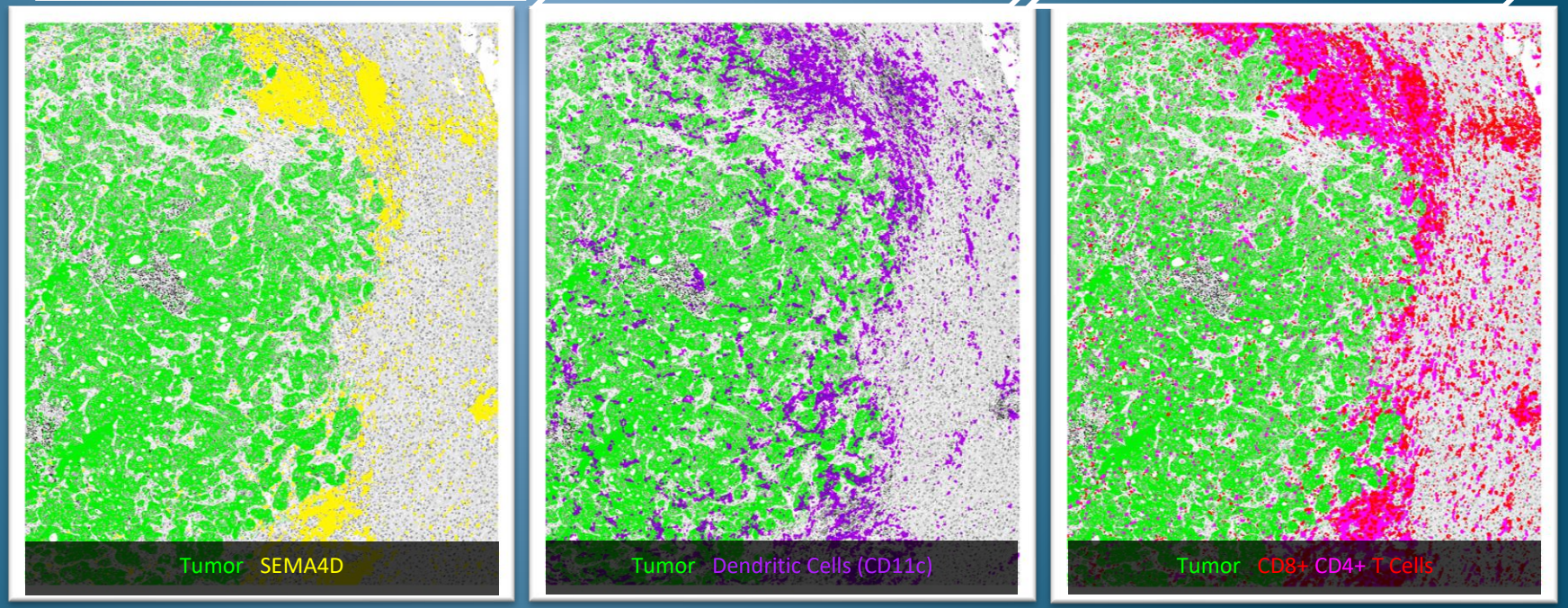


Why does natural immune response fail in cancer?

3. Immune Exclusion:

Activated T cell and Dendritic cells can't get in

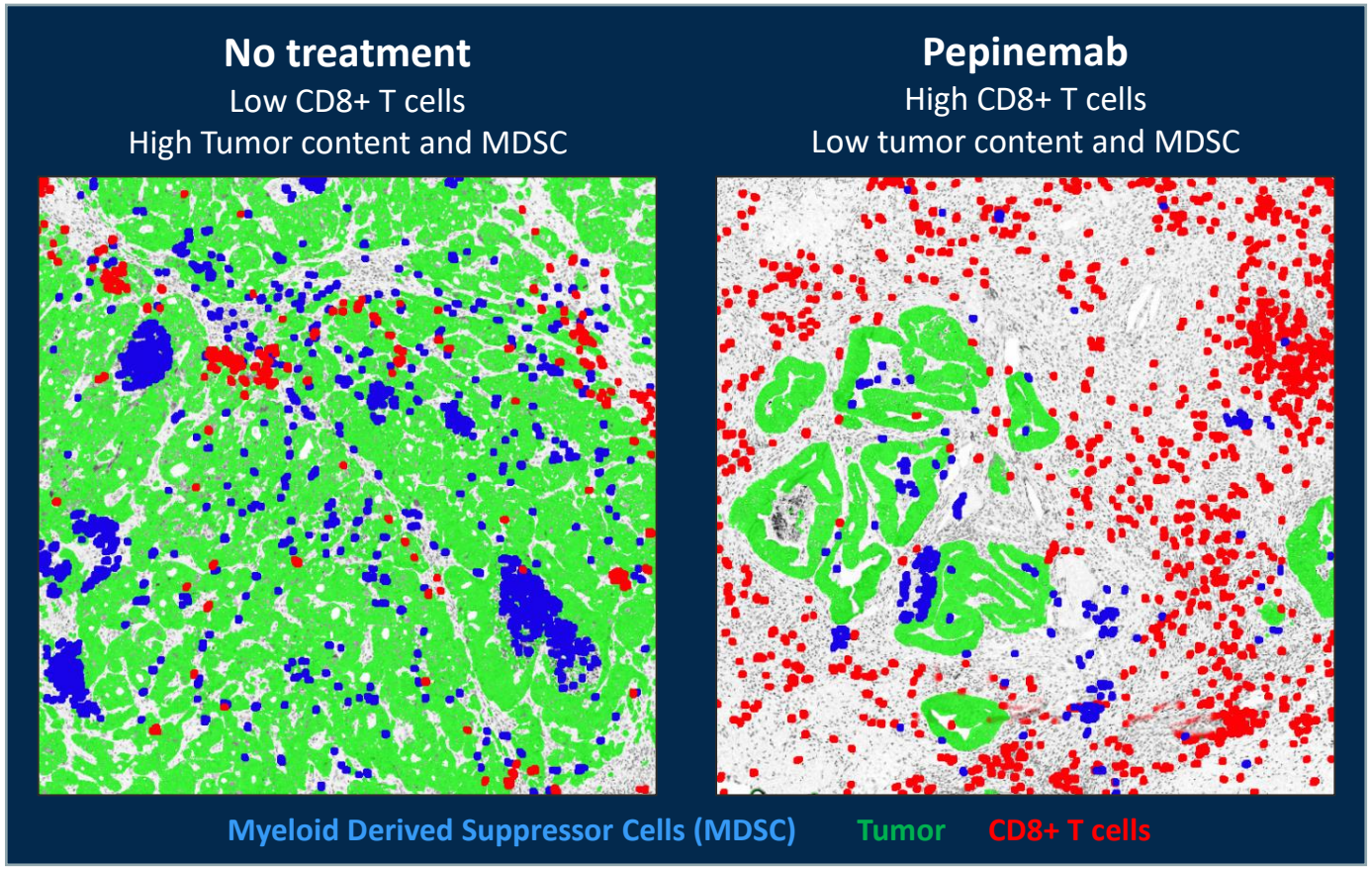
SEMA4D is expressed at tumor margin → SEMA4D binds to PLXN receptors on DC and restricts penetration → T cells are excluded from tumor



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

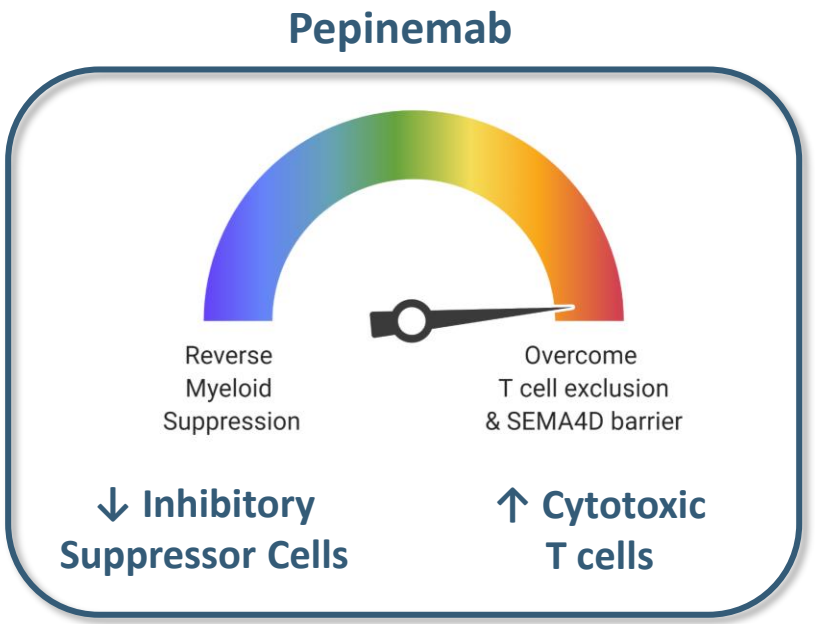
CD8 T cells align with Sema4D at the invasive edge of the tumor. Most of these excluded T-cells express Sema4D. Dendritic Cells express receptors for SEMA4D and are heavily excluded at the invasive edge.

Clinical POC - Pepinemab increases cytotoxic T cells while reducing inhibitory suppressor cells



Biopsies from patients with metastatic MSS Colorectal Cancer

Patients received neoadjuvant chemotherapy before immunotherapy and surgery
Winship Cancer Institute, Emory University – neoadjuvant/"window of opportunity" study



Pepinemab has a unique Mechanism of Action that complements Immune Checkpoint Therapy

Combination therapy to overcome multiple immune resistance mechanisms

Pepinemab

Facilitates T cell infiltration

Reduces immune suppression

+

Immune Checkpoint Inhibitors

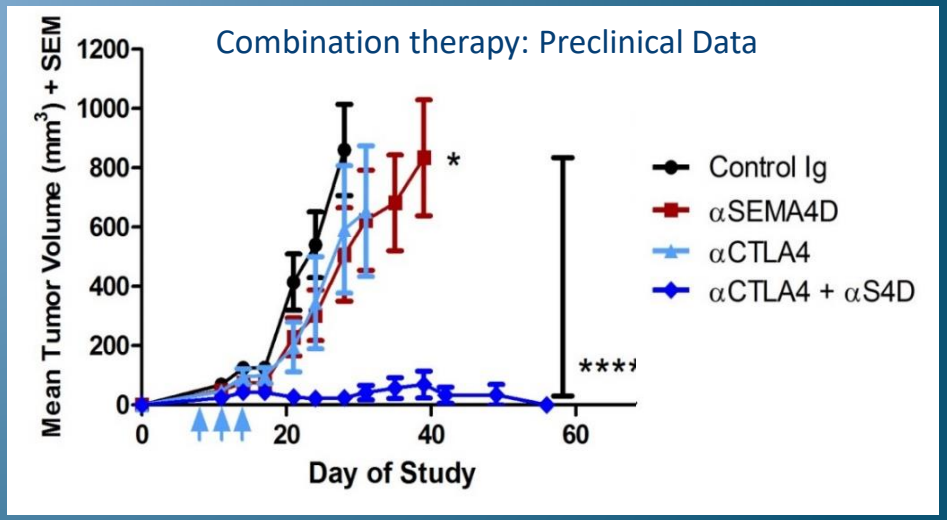
Sustain T cell activity

Research Article

Cancer Immunology Research

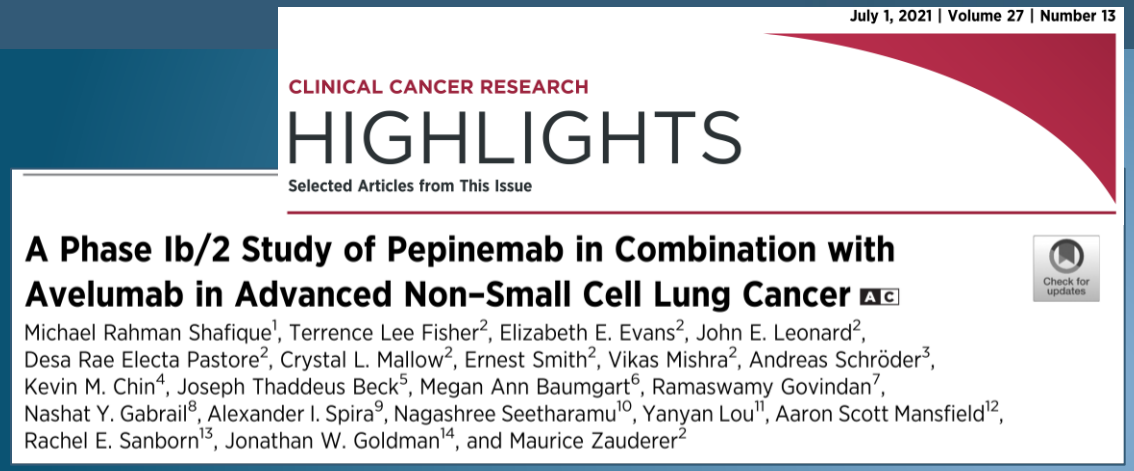
Antibody Blockade of Semaphorin 4D Promotes Immune Infiltration into Tumor and Enhances Response to Other Immunomodulatory Therapies

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



Pepinemab complements other immune-activating therapies - anti-PD1/L1, anti-CTLA-4, anti-LAG3, anti-TGF-β, DC vaccine, etc

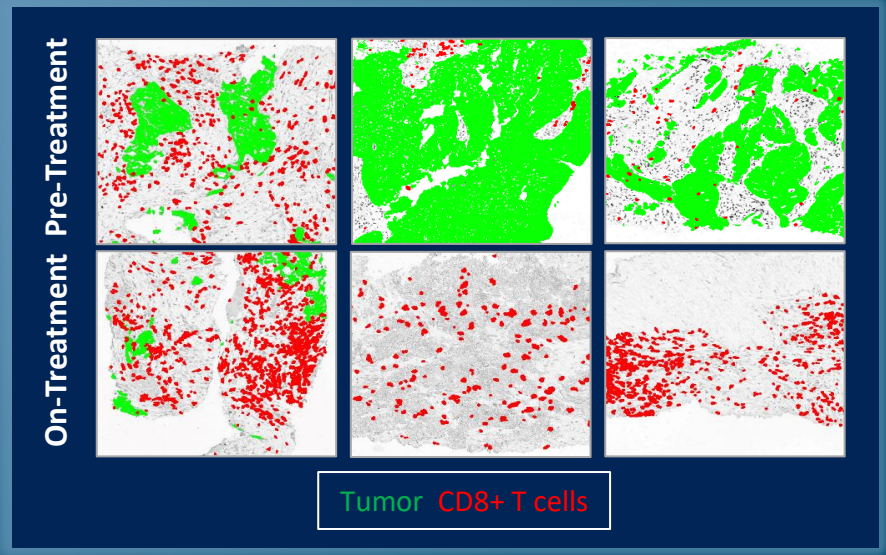
Phase 1b/2 CLASSICAL-Lung Highlights



Sponsored by: VACCINEX

Co-funded by: MERCK

1. Well tolerated. Pepinemab does not enhance immune-related toxicities of partner drug.
2. **Unmet Need**: Antitumor activity in PD-L1 low or PD-L1 negative tumors
   - **Reported single agent anti-PDx: ORR ~10-15%**
   - **Combination with pepinemab: ORR 25-33%**
3. **Unmet Need**: Antitumor activity in tumors that were resistant/refractory to prior therapy with single-agent checkpoint inhibitors
4. Increased penetration of cytotoxic T cells following treatment

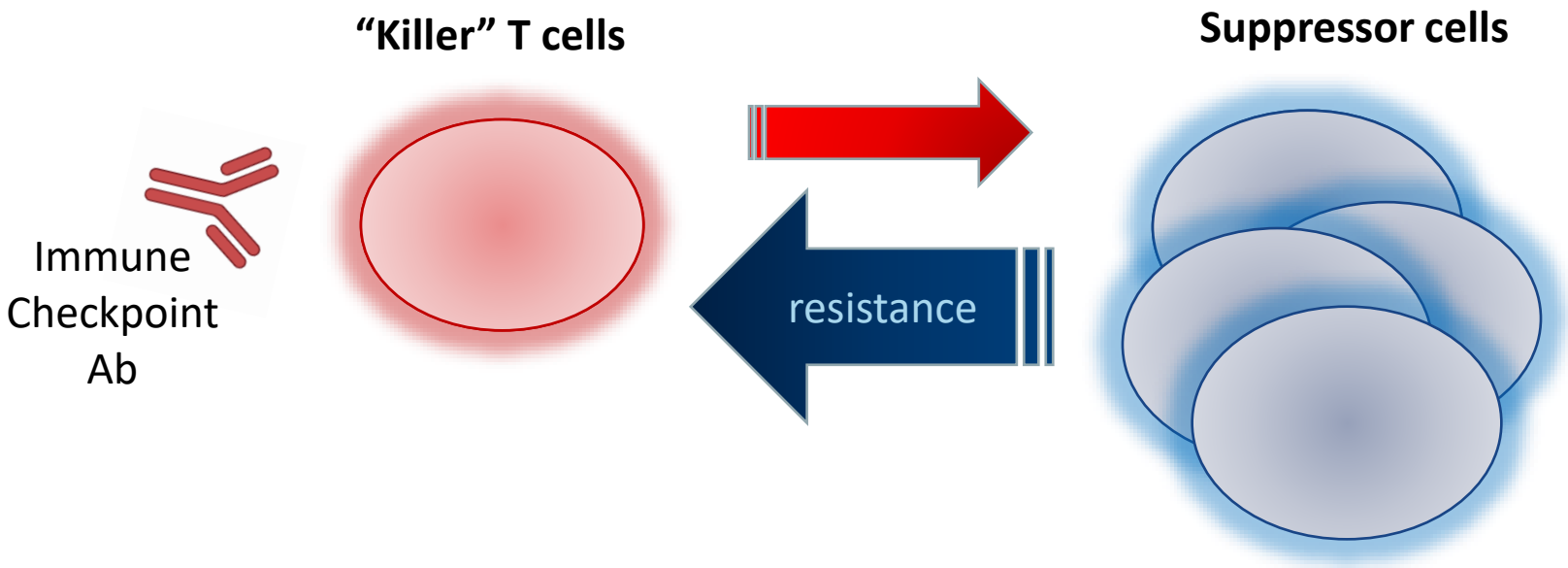


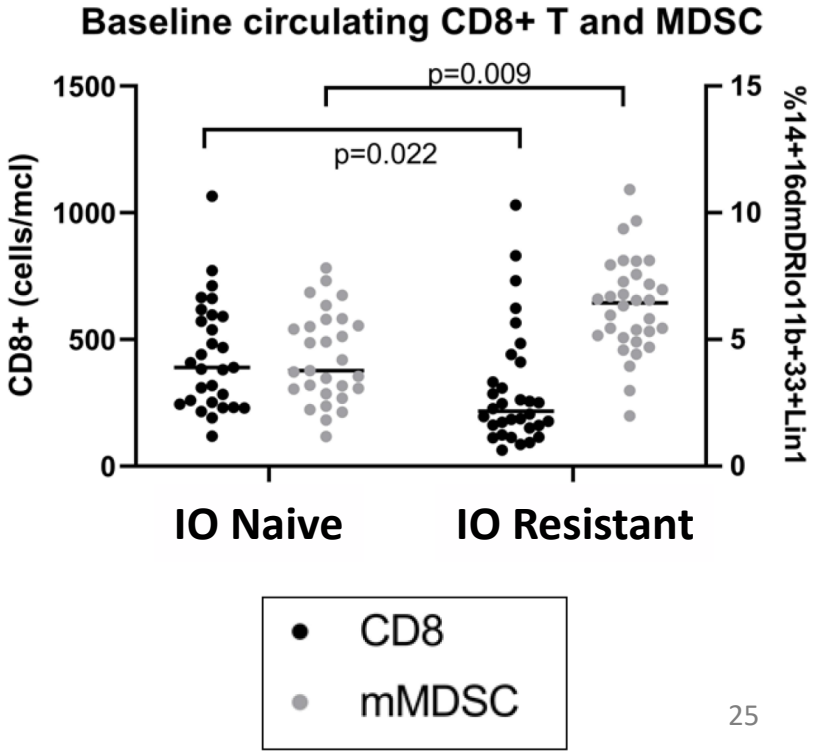
Lessons learned: CLASSICAL-Lung

1. Pepi is well tolerated

2. Pepi overcomes resistance factors

3. Accumulation of myeloid suppressors drives resistant/refractory tumors

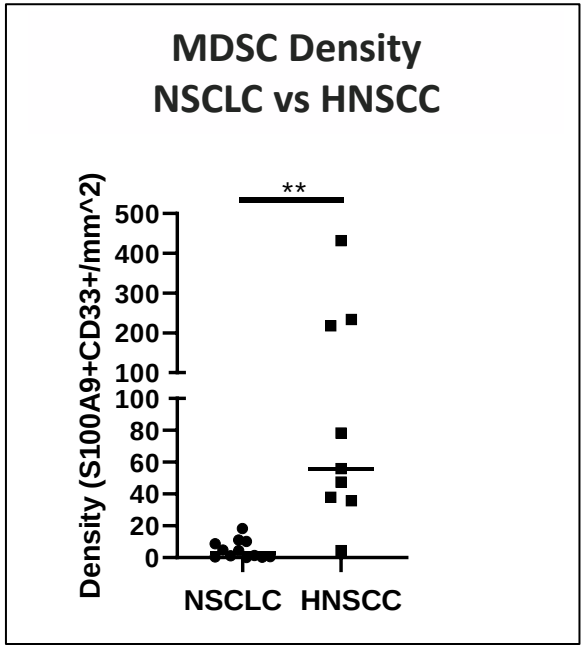


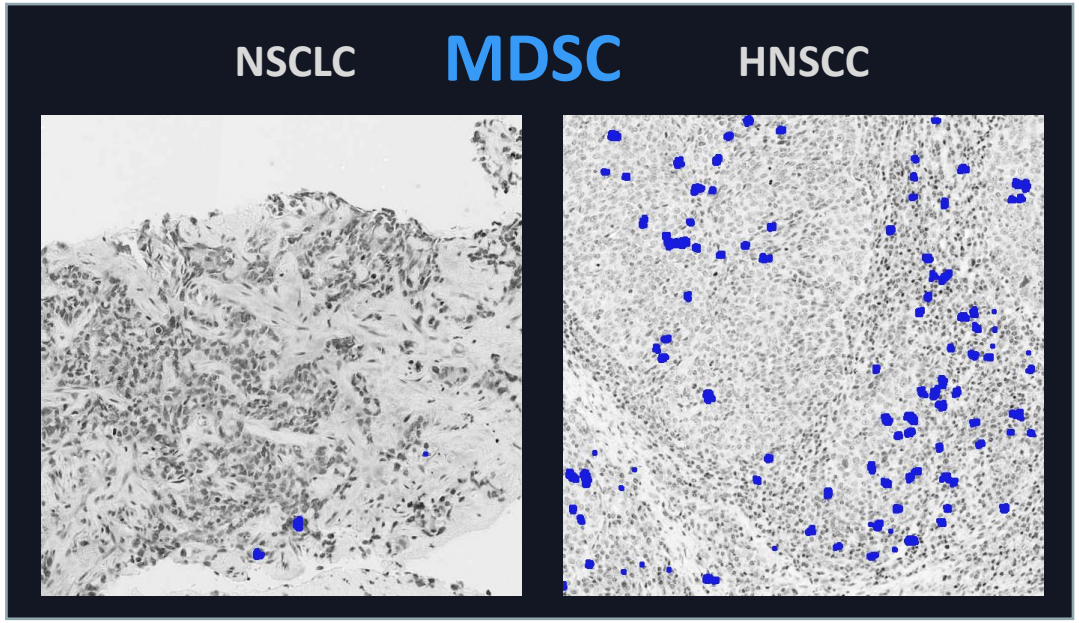


Lessons learned:
Next steps

4. Head and Neck cancer (HNSCC) have high levels of MDSC, relative to lung cancer (NSCLC)

- SEMA4D is strongly expressed in HNSCC & induces high levels of myeloid derived suppressor cells (MDSC)
- Low response rate to immune checkpoint therapy in HNSCC
- **Hypothesis**: Inhibiting MDSC with pepinemab will enhance response to pembrolizumab in HNSCC





NSCLC: pre-treatment biopsies from CLASSICAL-Lung
HNSCC: pre-treatment and no treatment biopsies from HNSCC integrated biomarker trial (collaboration at Emory University)

Keynote B84 for front line treatment in R/M Head & Neck Cancer patients Combination Immunotherapy with KEYTRUDA®

Phase 1b
Safety Run-in

Phase 2
Efficacy
(up to 65)

20 mg/kg Pepinemab
+200 mg Pembrolizumab
~50% CPS<20
~50% CPS≥ 20

Sponsored by:
VACCINEX

Drug provided by:
Merck, MSD
MERCK

Study Objectives

- Safety, tolerability, RP2D (Phase 1b) and Objective Response Rate (Phase 2)
- Secondary objectives include further evaluation of activity (PFS, OS, DOR), biomarkers within TME
- Data anticipated mid-2022

Pepinemab for Immuno-Oncology

Mechanism of Action:	Facilitate infiltration of T cells and dendritic cells Reduce immunosuppression
Safety and tolerability:	Well tolerated Does not enhance immune-related toxicities of partner drug
Clinical Efficacy (POC):	Appears to increases frequency and duration of objective responses Durable responses in some patients with PDx-resistant/refractory disease Apparent 2-3X increase in ORR in patients with PD-L1 negative/low tumors compared to single agent checkpoint inhibitor

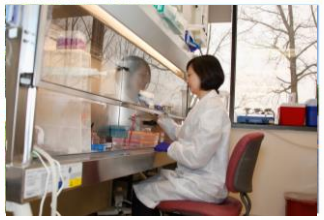
Initiated Phase 2 trial in HNSCC

Broad application in solid tumors – enhances activity of immunotherapies

Current Achievements and Milestones

Final Clinical Data for SIGNAL Cohort B study in Huntington's Disease	Q3 2021
Publish Clinical Data for SIGNAL study in Huntington's Disease	2021
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 mid-2022**	Q2 2021 **Mid-2022**
Enrollment of first patient in Alzheimer's disease phase 1b/2a study **Expect data from blinded placebo-control study**	Q2 2021 **Q1 2023**

Currently exploring pharma collaboration in HD and AD



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.

VCNX (NASDAQ)	
Incorporated	2001
Headquarters	Rochester, NY
Employees	39
IPO	August 2018
February 2021 Capital Raise	$32 M
Cash balance*	$22.4M
Shares Outstanding*	30.8M
Analysts	BTIG (T. Shrader)

* As of 30JUN2021

Contact us

Elizabeth Evans, COO
eevans@vaccinex.com

ActivMAb Technology

Ernest Smith, CSO
esmith@vaccinex.com

www.vaccinex.com

Vaccinex Selected References, Oncology

1. Shafique MR, Fisher TL, Evans EE, Leonard JEE, Pastore DRE, Mallow CL, Smith E, Mishra V, Schroder A, Chin KA, Beck JT, Baumgart MA, Govindan R, Gabrial NY, Spira AI, Seetharamu N, Lou Y, Mansfield AS, Sanborn RE, Goldman JW, Zauderer M. **A Phase Ib/2 Study of Pepinemab in Combination with Avelumab in Advanced Non–Small Cell Lung Cancer**. Clin Cancer Res 2021, doi: 10.1158/1078-0432.CCR-20-4792
2. Clavijo PE, Friedman J, Robbins Y, Moore EC, Smith ES, Zauderer M, Evans EE, Allen CT. **Semaphorin4D inhibition improves response to immune checkpoint blockade via attenuation of MDSC recruitment and function**. Cancer Immunol Res. 2019 Feb;7(2):282-291
3. Evans EE, Jonason AS Jr, Bussler H, Torno S, Veeraraghavan J, Reilly C, Doherty MA, Seils J, Winter LA, Mallow C, Kirk R, Howell A, Giralico S, Scrivens M, Klimatcheva K, Fisher TL, Bowers WJ, Paris M, Smith ES, Zauderer M. **Antibody blockade of semaphorin 4D promotes immune infiltration into tumor and enhances response to other immunomodulatory therapies.** Cancer Immunol Res. 2015 Jun;3(6): 689-701. http://www.ncbi.nlm.nih.gov/pubmed/25614511
4. Amita Patnaik, Glen J. Weiss, John E. Leonard, Drew Warren Rasco, Jasgit C. Sachdev, Terrence L. Fisher, Christine Reilly, Laurie A. Winter, Robert B. Parker, Danielle Mutz, Lisa Blaydorn, Anthony W. Tolcher, Maurice Zauderer and Ramesh K. Ramanathan. **Safety, Tolerability, Pharmacokinetics and Pharmacodynamics of VX15/2503, a Humanized IgG4 anti-SEMA4D Antibody, in a First-In-Human Phase 1 Study of Patients with Advanced Solid Disease.** Clin Cancer Res. 2015 Oct 7. http://clincancerres.aacrjournals.org/content/22/4/827.full.pdf+html
5. Leonard JE, Fisher TL2 Winter LA, Cornelius CA, Reilly C, Smith ES, Zauderer M. **Nonclinical Safety Evaluation of VX15/2503; a Humanized IgG4 Anti-SEMA4D Antibody.** Mol Cancer Ther. 2015 Feb 5 http://www.ncbi.nlm.nih.gov/pubmed/25657333
6. Fisher TL, Reilly CA, Winter LA, Pandina T, Jonason A, Scrivens M, Balch L, Bussler H, Torno S, Seils J, Mueller L, Huang H, Klimatcheva E, Howell A, Kirk R, Evans E, Paris M, Leonard JE, Smith ES, Zauderer M. **Generation and preclinical characterization of an antibody specific for SEMA4D**. Mabs. 2015 Oct 20. http://www.tandfonline.com/doi/abs/10.1080/19420862.2015.1102813
7. Fisher, T. L., J. Seils, C. Reilly, V. Litwin, L. Green, J. Salkowitz-Bokal, R. Walsh, S. Harville, J. E. Leonard, E. Smith, and M. Zauderer. 2016. **Saturation monitoring of VX15/2503, a novel semaphorin 4D-specific antibody, in clinical trials.** *Cytometry B Clin. Cytom.* 90: 199-208. http://onlinelibrary.wiley.com/doi/10.1002/cyto.b.21338/abstract

Schematics created with BioRender.com

Vaccinex Selected References, Neurology

1. Smith ES, Jonason A, Reilly C, Veeraraghavan J, Fisher T, Doherty M, Klimatcheva E, Mallow C, Cornelius C, Leonard JE, Marchi N, Janigro D, Argaw AT, Pham T, Seils J, Bussler H, Torno S, Kirk R, Howell A, Evans EE, Paris M, Bowers WJ, John G, Zauderer M. **SEMA4D compromises blood-brain barrier, activates microglia, and inhibits remyelination in neurodegenerative disease**. Neurobiol Dis. 2014 Oct 18;73C:254-268. doi: 10.1016/j.nbd.2014.10.008. http://www.sciencedirect.com/science/article/pii/S0969996114003015
2. Southwell AL, Franciosi S, Villanueva EB, Xie Y, Winter LA, Veeraraghavan J, Jonason A, Felczak B, Zhang W, Kovalik V, Waltl S, Hall G, Pouladi MA, Smith ES, Bowers WJ, Zauderer M, Hayden MR. **Anti-semaphorin 4D immunotherapy ameliorates neuropathology and some cognitive impairment in the YAC128 mouse model of Huntington disease**. Neurobiol Dis. 2015 Feb 3; 76:46–56. http://www.sciencedirect.com/science/article/pii/S0969996115000145
3. LaGanke, C., L. Samkoff, K. Edwards, L. Jung Henson, P. Repovic, S. Lynch, L. Stone, D. Mattson, A. Galluzzi, T. L. Fisher, C. Reilly, L. A. Winter, J. E. Leonard, and M. Zauderer. 2017. **Safety/tolerability of the anti-semaphorin 4D Antibody VX15/2503 in a randomized phase 1 trial**. Neurol Neuroimmunol Neuroinflamm 4: e367. https://www.ncbi.nlm.nih.gov/pubmed/28642891
4. Leonard JE, Fisher TL2 Winter LA, Cornelius CA, Reilly C, Smith ES, Zauderer M. **Nonclinical Safety Evaluation of VX15/2503; a Humanized IgG4 Anti-SEMA4D Antibody**. Mol Cancer Ther. 2015 Feb 5 http://www.ncbi.nlm.nih.gov/pubmed/25657333
5. Zauderer M, Fisher TL, Mishra V, Leonard JE, Reader A, Mallow C, Balch L, Howell A, Smith ES, and Evans EE. **SEMA4D upregulation signals neuronal stress and triggers reactive transformation of astrocytes**. *In preparation*
6. Mao Y, Evans EE, Mishra V, Balch L, Eberhardt A, Zauderer M, Gold WA. **Anti-Semaphorin 4D Rescues Motor, Cognitive, and Respiratory Phenotypes in a Rett Syndrome Mouse Model.** Int J Mol Sci. 2021 Aug 31;22(17):9465. doi: 10.3390/ijms22179465. https://www.mdpi.com/1422-0067/22/17/9465
7. Feigin AS, Evans EE , Fisher TL, Leonard JE, Reader A, Wittes J, Oakes D, Smith ES, Zauderer M, and the Huntington Study Group SIGNAL investigators. **Safety and efficacy of pepinemab antibody blockade of SEMA4D in patients with early Huntington's Disease: a randomized, placebo-controlled, multicenter, Phase 2 clinical trial (SIGNAL).** *In preparation*
8. Fisher TL, Reilly CA, Winter LA, Pandina T, Jonason A, Scrivens M, Balch L, Bussler H, Torno S, Seils J, Mueller L, Huang H, Klimatcheva E, Howell A, Kirk R, Evans E, Paris M, Leonard JE, Smith ES, Zauderer M. **Generation and preclinical characterization of an antibody specific for SEMA4D**. Mabs. 2015 Oct 20. http://www.tandfonline.com/doi/abs/10.1080/19420862.2015.1102813

Schematics created with BioRender.com