FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
l	OMB Number:	3235-0287					
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	hours per response:	0.5					

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

Name and Address of Reporting Person* Leonard John E.									cker or Tr IC. [V				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify							
(Last) (First) (Middle) C/O VACCINEX, INC. 1895 MOUNT HOPE AVENUE						Oate o /25/2		t Tran	saction (Month	n/Day/Year)		SVP, Development							
						f Ame	ndment,	Date	of Origin	al File	d (Month/D		6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) ROCHESTER NY 14620													X Form filed by One Reporting Person							
(City) (State) (Zip)				-								Form filed by More than One Reporting Person								
(City)	(3			on Deriv	, ative		curitio	<u>.</u> . Λ .	· auirec	LDi	enosed (of or Re	nefici	ally Owned	٠					
1. Title of	Security (Inst		ie i - ivi	2. Transa		_	. Deemed		3.	i, Di	-	es Acquired		5. Amount		6. Own	ership	7. Na	ture of	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					ay/Year	Exe y/Year) if ar		ecution Date, any onth/Day/Year)		Transaction Code (Instr.				Beneficiall Owned Fol	ly (D) or		Indirect Bestr. 4)		direct eneficial wnership	
									Code	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 an					(Instr. 4)	
Common Stock														1,01	1,014		I Lo		y John eonard onsulting, LC	
	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)	of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, if any			4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security	Derivative derivation Security Security		10. Owners Form: Direct (or Indir (I) (Inst	(D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares	r						
Stock Option (Right to Buy)	\$7.1								(1)		12/22/2025	Common Stock	24,40	8	24,	408	D			
Stock Option (Right to Buy)	\$7.1								(1)		12/23/2025	Common Stock	3,062	!	3,0	D D				
Stock Option (Right to Buy)	\$3.9								(2)		03/14/2029	Common Stock	4,000		4,0	000	D			
Stock Option (Right to	\$6.07	02/25/2020			A		4,000		(3)		02/24/2030	Common Stock	4,000	\$0	4,0	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.

Remarks:

Scott E. Royer, Attorney-in-

02/26/2020

Fact

** Signature of Reporting Person

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.