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| 1. Name and Address of Reporting Person* | | | | | 2. Issuer Name and Ticker or Trading Symbol | |
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 | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
 | | | | |
| Stecyk Chrystyna Bedrij (Last) (First) (Middle) C/O VACCINEX, INC. 1895 MOUNT HOPE AVENUE | | | | - 3. [| 3. Date of Earliest Transaction (Month/Day/Year) | |
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Officer (give title Other (specify
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| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | |
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| (Street)
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Person | |
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 | | 7. Title and Amount
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| \$451.5 | | | | | | |
 | 05/11/202

 | 2
 | (2) | Common
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| \$235.2 | | | | | | |
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 | 3
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1. This option expires on May 12, 2030 or five years following retirement or cessation of services, whichever occurs first.

2. This option expires on May 9, 2031 or five years following retirement or cessation of services, whichever occurs first.

3. This option expires on May 9, 2032 or five years following retirement or cessation of services, whichever occurs first.

4. This option expires on May 8, 2033 or five years following retirement or cessation of services, whichever occurs first.

5. 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 10, 2034 or five years following retirement or cessation of services, whichever occurs first.

Remarks:

All figures in this Form 4 reflect the Issuer's 1-for-15 reverse stock split effected on September 25, 2023 and 1-for-14 reverse stock split effected on February 19, 2024.

/s/ Maurice Zauderer, Attorneyin-Fact for Chrystyna Bedrij- 05/14/2024 Stecyk ** 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.