

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>FRIEDBERG ALBERT</u> <hr/> (Last) (First) (Middle) 220 BAY STREET SUITE 600 <hr/> (Street) TORONTO A6 M5J 2W4 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>VACCINEX, INC. [VCNX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 03/31/2023	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock								439,555	D	
Common Stock								37,633	I	By Pan Atlantic Holdings Ltd. ⁽¹⁾
Common Stock								3,511,894	I	By Friedberg Global-Macro Hedge Fund Ltd. ⁽²⁾
Common Stock	03/31/2023		A		4,146,341 ⁽³⁾	A	\$0.41	19,505,352 ⁽³⁾	I	By FCMI Parent Co. ⁽³⁾

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
FRIEDBERG ALBERT

 (Last) (First) (Middle)
 220 BAY STREET
 SUITE 600

 (Street)
 TORONTO A6 M5J 2W4

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
FCMI Parent Co.

 (Last) (First) (Middle)

220 BAY STREET
SUITE 600

(Street)

TORONTO

A6

M5J 2W4

(City)

(State)

(Zip)

Explanation of Responses:

1. Mr. Friedberg is the majority owner of Pan Atlantic Holdings Ltd. and disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.
2. Mr. Friedberg possesses voting and dispositive power over the reported securities and disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.
3. Mr. Friedberg is the majority owner, a director and the president of FCMI Parent Co. and disclaims beneficial ownership of these shares except to the extent of his pecuniary interest therein.

/s/ Scott E. Royer, Attorney-
in-Fact for Albert D.
Friedberg

04/03/2023

FCMI Parent Co. By: /s/ Dan
Scheiner, Vice President

04/03/2023

** 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.